SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:41

DOCUMENT # **P93000065920 (9)**

1. Corporation Name
A.L.T. PACKAGING SYSTEMS, INC.

Principal Place of Business	Mailing Address
800 BEVERLY PARKWAY PENSACOLA FL 32505	800 BEVERLY PARKWAY PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business
21 7401 North Palafox St.
Suite, Apt. #, etc.
22
City & State
23 Pensacola Florida
Zip
24 32503
County
25

2a. Mailing Address
26 7401 N. Palafox street
Suite, Apt. #, etc.
27
City & State
28 Pensacola Florida
Zip
29 32503
County
30

4. FEI Number: 59-3198462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has taxable, for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LUKER, JAMES W JR
800 BEVERLY PARKWAY
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 ✓ Name: Marsha Tyler
82 Street Address (P.O. Box Number is Not Acceptable): 7401 North Palafox Street
83
84 City: Pensacola FL 85 Zip Code: 32503

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marsha Tyler President — Marsha Tyler — 6-16-95
Signature, type or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	11 TITLE	P-	☑ Change ☐ Addition
NAME	TYLER, J T	12 NAME	MARSHA Tyler	
STREET ADDRESS	6045 S. GULFSIDE MANOR	13 STREET ADDRESS	7401 N. Palafox street	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	Pensacola, Fl. 32503	
TITLE	DP	21 TITLE	V	☑ Change ☐ Addition
NAME	LUKER, JAMES W JR	22 NAME	John Thomas Tyler	
STREET ADDRESS	7146 BELGIUM CIRCLE	23 STREET ADDRESS	7401 N. Palafox St.	
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	Pensacola, Fl. 32503	
TITLE	DVP	31 TITLE	T-S	☑ Change ☐ Addition
NAME	ABRAMS, BARRON E	32 NAME	Melissa Agerbarger	
STREET ADDRESS	4070 POWRIE DR.	33 STREET ADDRESS	7401 N. Palafox Street	
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP	Pensacola, Fl. 32503	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marsha Tyler President — Marsha Tyler — 6-16-95 — 904-484-5582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120736 CP