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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P93000072716 (2)**

1. Corporation Name
SPARTAN PACKAGING, INC.

Principal Place of Business	Mailing Address
2333 FEATHER SOUND DRIVE SUITE B-601 CLEARWATER FL 34622	2333 FEATHER SOUND DRIVE SUITE B-601 CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 4723 Stonebriar Dr
22: Suite, Apt. #, etc.
23: City & State: Oldsmar, FL
24: Zip: 34677
25: Country: USA

2a. Mailing Address
26: PO Box 403
27: Suite, Apt. #, etc.
28: City & State: Oldsmar FL
29: Zip: 34677
30: Country: USA

4. FEI Number: 59-3207526 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGURK, DAVID
23333 FEATHER SOUND DRIVE
SUITE B-601
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: McGurk, David
82 Street Address (P.O. Box Number is Not Acceptable): 4723 Stonebriar Dr
83:
84 City: Oldsmar FL 85 Zip Code: 34677

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: David McGurk 4/3/95
Signature, typed or printed name of registered agent and title if applicable — Date
Note: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition: VP
NAME	MCGURK, DAVID	12 NAME	McGurk, David
STREET ADDRESS	2333 FEATHER SOUND DR. #B-601	13 STREET ADDRESS	4723 Stonebriar Dr
CITY-ST-ZIP	CLEARWATER FL 34622	14 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LONGSTRETH, LEE	22 NAME	
STREET ADDRESS	7100 GLENDYNE DRIVE SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216-.	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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	

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: David McGurk 4/3/95 789-8800
SIGN ABOVE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER — Date — Daytime Phone #

0359279 CP