## FILE NOW: FILING FEE AFTER MAY 1 IŞ \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000082361 (5)

TECHNICAL PACKAGING OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED

97 JUN -2 AM 10: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

114 S.LAWSONA E	BLUD, Box 561	1313			
ORLANDO, FL. 3	ZBOI ORLAND	0,1=L. 16-1313	3. Date Incorporated or Qualified  ///22/93  4. FFI Number	3a. Date of Last Report  1996	
2. Principat Place of Business	2a. Mailing Address			Applied For	
21	26		59 - 321822		
Suite, Apt #, etc.	Suite Apl. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	7ιρ <b>29</b>	Country 30		【Yes ☐ No	
9. Name and Address	of Current Registered Agent		10. Name and Address of New Re	gistered Agent	
GARMON, JOI		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
ORLANDO, FL.		84 City		85 Zip Code	
11. Pursuant to the provisions of Section office or registered agent, or both, in agent, I am familiar with, and accept	s 607.0502 and 607.1508, Florida Statut The State of Florida Such change was a The obligations of Section 607.0505, Flo	authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered	
SIGNATURE Signature, typed or printed manual	Same on-	Registered Agent signature requ	urea when reinstating)	5/28/97	
12. OFFI	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE PRESIDENTS	SECRETARY DELETE	1 1 THLE	100002	199181 Addition	
NAME NANCY LEE		1.2 NAME	-00002 20/30-	/9701023008	
STREET ADDRESS 1111 C. Language	WA BLUD	. 13 STREET ADDRESS		70.00 ****550.00	
CITY-ST-ZIP DELIGNADO	FL. 32801 DELTE	14 C TY - \$1 - ZIP			
TITLE VICE PRESIDE	WESTREMSURE	2 1 TITLE		Change Addition	
NAME I a best and		2.2 NAME			
STREET ADDRESS 114 S. LAWS	ARMON NA BLUD FL. 3ZBOL	2.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO	FL. 32801	2 4 CHY+ST+ZIP			
TITLE	☐ DELETE	3.1 TILLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP	DELETE	3.4. CITY - ST - 712 4.1.111LE		Change Addition	
MILE				C change C Auditur	
NAME		4 2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	4.4 CHY - ST - ZIP 5.1 TOTE		Change Addition	
NAME		52 NAME	,		
STREET ADDRESS		5.3 STREET ADDRESS	M.		
		5.4 G TY - ST - ZIP		Λ	
CITY-ST-ZIP	DETETE	611016	<i>(-/</i> (	Change Addition	
NAME		G2 NAMÉ	1.7	(-( , <u></u> , ,	
STREET ADDRESS		6.3 STREET ADDRESS	<i>b</i> - <i>v</i>	••	
CITY-ST-ZIP		6.4 C-1Y - S1 - 7IP	·		
0111-01-21r		■ 94 GHT 31 71F			

14. I do hereby certify that the information supplied with this filing 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97 (407) 894-1235-

CR2E034 (9/96)