CORPORATION
ANNUAL REPORT
1995

Ron Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:24

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1. Corporation Name
ATLANTIC COAST PACKAGING CORPORATION

Principal Place of Business	Mailing Address
3522 S. ATLANTIC AVE. SUITE 213 NEW SMYRNA BEACH FL 32169	3522 S. ATLANTIC AVE. SUITE 213 NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3230155 (Applied For / Not Applicable)
21	26 P.O. Box 1836	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23	City & State 28 New Smyrna Beach, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32170 / Country 30 Volusia	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, ROBERT R
108 W. RICH AVE.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	COLBURN, RICHARD M	1.2 NAME	Colburn, Richard M	
STREET ADDRESS	4327 SEAMIST DR., UNIT 151	1.3 STREET ADDRESS	712 Timberlane Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH DL 32169	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	COLBURN, BARBARA L	2.2 NAME	Colburn Barbara L.	
STREET ADDRESS	4327 SEAMIST DR., UNIT 151	2.3 STREET ADDRESS	712 Timberlane Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH DL 32169	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Barbara L. Colburn 3/6/95 (904) 428-7166
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404125 FP