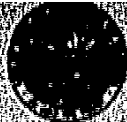


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
JAMES B. MOHRMAN  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000010017 (9)**

1. Corporation Name

**ATLANTIC COAST PACKAGING CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 APR 11 PM 9:24

Principal Place of Business

3522 S. ATLANTIC AVE.  
SUITE 213  
NEW SMYRNA BEACH FL 32169

Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3230155

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 100.022,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME COLBURN, RICHARD M  
STREET ADDRESS 4327 SEAMIST DR., UNIT 151  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME Colburn, Richard M  
1.3 STREET ADDRESS 4327 Seamist Drive  
1.4 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE D  
NAME COLBURN, BARBARA L  
STREET ADDRESS 4327 SEAMIST DR., UNIT 151  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME Colburn Barbara L.  
2.3 STREET ADDRESS 4327 Seamist Drive  
2.4 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(k), 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 007, 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 SIGNING OFFICER OR DIRECTOR

Signature (Typed)