

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -8 AM 11:25

DOCUMENT # P94000018051 (0)

1. Corporation Name

C.J.T. PACKAGING, INC.

Principal Place of Business

8197 NORTH UNIVERSITY DR
TAMARAC FL 33321

Mailing Address

8197 NORTH UNIVERSITY DR
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

4. FEI Number

65-0474378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Elective Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TYLA, CHARLES

8197 NORTH UNIVERSITY DR
TAMARAC FL 33321

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
TYLA, CHARLES
8197 NORTH UNIVERSITY DR
TAMARAC FL 33321

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

	14	15	16
TITLE	11 TITLE		☐ Change ☐ Addition
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY, ST, ZIP	14 CITY, ST, ZIP		
TITLE	21 TITLE		☐ Change ☐ Addition
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY, ST, ZIP	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)(b), 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 my address.

SIGNATURE:

Charles J. Tyla Charles J Tyla

8-2-95 305-220-6204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)