FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

DOCUMENT # P9400028156 (5) 1. Corporation Name SRQ PACKAGING, INC. Principal Place of Business Mailing Address 5306 ASHTON COURT 5306 ASHTON COURT SARASOTA FL 34233 SARASOTA FL 34233		
Principal Place of Business Mailing Address 5308 ASHTON COURT 5308 ASHTON COURT		
5308 ASHTON COURT 5308 ASHTON COURT		u iol a B iri (ua)
04/11/1994	a. Date of Last Rep 05/01/199	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0486799	<u> </u>	pplied For
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75	ot Applicable Additional equired
City & State Trust Fund Contribution	\$5.00	May Be to Fees
Zip Country Zip Country 8. This corporation has liability for intang 4 25 29 30 Florida Statutes 2 Yes 9. Name and Address of Current Registered Agent 10, Name and Address of New Regis	ngible tax under s 1] No	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 appointing familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ment as registered a	gistered office agent. I am
Signature, typed or printed name of registered agent and the Lappd cable (NOTE: Registered Agent squalure required when reinslating) 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER	BS AND DIRECTOR	RS IN 12
THE D DELETE 1 1 TITLE NAME BORZA, CHARLY 12 NAME		☐ Addition
5308 ASHTON COURT 1.3 STREU ADDRESS SARASOTA FL 34233 1.4 C(1) - 51 - 2(P		
DRY-ST-ZIP SARASOTA FL 34233 1.4 CITY-ST-ZIP 1.1 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE	☐ Change	Addition
NAME 2.2 NAME		
STREET ADDRESS 2 3 STREET ADDRESS 2 4 CHY-SI-ZIP 2 4 CHY-SI-ZIP		
24 C11Y-S1-ZIP	Change	Addition
JAME 32 NAME		
STREET ADDRESS 3.3. STREET ADDRESS		
3.4 CHY-ST-ZIP	Change	Addition
VAME 4.2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 C/TY-ST-ZIP	☐ Change	Addition
TITLE	□1 change	[NOWION
STREEL ADDRESS 53 STREEL ADDRESS		
CITY-ST-ZIP 54 CITY-ST-ZIP		
TIFLE DELETE 6.1TILLE	Change	Addition
NAME 62 NAME		

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)(k), Fiorida 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 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CONSTURE AND TYPED ON ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/96 (941) 921-3617