

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073551 (1)

1. Corporation Name

EASTERN SEABOARD PACKAGING FLA, INC.



Principal Place of Business

3211 S CONWAY ROAD
ORLANDO FL 32812

Mailing Address

3211 S CONWAY ROAD
ORLANDO FL 32812

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APFELBAUM, BARRY
3211 S CONWAY ROAD
ORLANDO FL 32812

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 changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPTC ☐ DELETE
NAME HOLCOMB, NIKKI C
STREET ADDRESS 17421 STAYSAIL COURT
CITY- ST- ZIP HUNTERSVILLE NC

TITLE DP ☐ DELETE
NAME O'HARA, ROBERT T
STREET ADDRESS 304 FOX SQUIRREL LANE
CITY- ST- ZIP LONGWOOD FL

TITLE DAC ☐ DELETE
NAME GARVEY, DANIEL
STREET ADDRESS 5021 BOULWARE COURT
CITY- ST- ZIP CHARLOTTE NC

TITLE D ☐ DELETE
NAME TRELEGAN, JEFFREY P
STREET ADDRESS 17 KINGS LANE
CITY- ST- ZIP MEDWAY MA

TITLE D ☐ DELETE
NAME CAPEN, CHARLES
STREET ADDRESS 18 PINE BOULEVARD
CITY- ST- ZIP MEDFORD NJ

TITLE AC ☐ DELETE
NAME GLASHEEN
STREET ADDRESS 41 RAE AVE
CITY- ST- ZIP NEEDHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 119.07(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 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

3/19/96 5:28 1800 752 7225
Date Daytime Phone #

CR2E034 (12/95)