FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087733 (8)

PROGRESSIVE PACKAGING, INC.

Principal	Place of Busines:	S
10530 SE	201 STREET	

Mailing Address

10530 SE 201 STREET

FILED May 13 1997 8:00am Secretary of State



INGLIS FL 34449		INGLIS FL 34449-3829						
					3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last F	Report	
	Place of Business	2a. Mailing Address	امھ		4. FEI Number	MA	oplied For	
21 105 3 Suite, Apt.	30 S€ 201 ST,	26 /0530 5E Suite, Apt. #, etc.	201	डा,			ot Applicable	
22 2011e, Apr.	₩, Θ (C.	27. Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & Stat		City & State			6. Election Campaign Financing		May Be	
23 INGLIS FL. 28		28 INGLIS, F			Trust Fund Contribution		Added to Fees	
24 344	Y9 25 LEVY 9, Name and Address of Curre	29 34449	30 LE	Y		Yes 🗌 No	. 199.032,	
ΛTI	EN, GERALD H	int Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
105	30 SE 201 ST							
	LIS FL 34449		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City		85 Zip	Code	
				1				
11. Pursuant office or i agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Fk	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing in the appointment as	ls registered registered	
SIGNATURE	Signature, typed or printed name of registered as	pert and little if applicable (NO)	E Fregistered Ag	ent signature requ	rred when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	P OLICEN OLIONO II	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	OTTEN, GERALD H 10530 SE 201 STREET		1.2 NAME					
STREET ADDRESS	INGLIS FL 34449			ADDRESS				
CITY-ST-ZIP TITLE	111000100110	DELETE	1.4 CHY-1 2.1 TITLE	SI - ZIP		Change	Addition	
NAME			2 2 NAME				I TOOM ON	
STREET ADDRESS			2.3 \$1REE	ADDRESS	•			
CITY-ST-ZIP			2. 4 Cily-	S1 - ZiP				
TALE		DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP TITLE		DOLETE	3.4. CITY - 4.1 TITLE	S1 - 20P		Change	Addition	
NAME		בן אוווני	4.1 THE			Change	L'I MODITION	
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5					
TITLE		☐ D£LE1E	5.1 7(TLE			☐ Change	Addition	
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		Distras	5.4 CITY - 5	61-2IP		——————————————————————————————————————	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
TITLE		L DELETE	6.1 TITLE			L_) Change	L_J Addition	
NAME STORET ADDRESS			6.2 NAME	ADDRESS				
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP			6.4 CHY - S	51 - ZIP				

I do hereby certify that the information supplied with this filing 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.