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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007319 (2)

WOLFE PACKAGING, INC.

Applied For Lamber Suite, Apt. #, etc. City & State Zip Country Mailing Address Mailing Address 4910 WEST KNOLLWOOD STREET TAMPA FL 33634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1996 4. FEI Number Applied For Not Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Country 8. This corporation owes or has paid the current year Intangible										
TAMPA FL 39814 2 Principal Place of Business 2 R. Mailling Addresses 2 Suite April 4 dec. 2 Suite April 4 dec. 2 Suite April 4 dec. 3	Principal Place of Business Mailing Address							-		
2. Mail properties 2. Mail productions	TAMPA FL 336							3. Date Incorporated or Qualified		
Sulfo, Apr. 4, etc. 27	2. Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address					ir	
City & State Country Country Country Country Country 8. This corporation wows or has patch the current year inangible Peach Added to Fees People Property Tax clue June 30.	21			<u> </u>						
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Zip Country Zip Sol Sol Sol Sol Sol Personal Property Tax due June 30 Mes Normal Address of Current Registered Agent 10, Name and Address of Normal Registered Agent 10, Name and Address (P.O. Box Number is Not Acceptable) 10, Name and Address 10, Name and Addre	City & State		h 1							
BENEDICT, CLORIA 4910 W KNOLLWOOD STREET TAMPA FL 33634 10		Zip Country								
BENEDICT, GLORIA 4910 W KNOLLWOOD STREET TAMPA FL 33634 80 80 80 80 80 80 80 80 80 8	24				<u> </u> 30]					
BENEXICI, QLORA 4910 W KNOLLWOOD STREET TAMPA FL 33634 86 City FL 85 Zip Code 11. Pursuant to the provisions of Societies 607 05:02 and 607 15:08, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the cell-paintens of Section 057 505, Photoda Statutes SIGNATURE 12. OF FIGURS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PD OULETE 11. THIS OWUFE, RICHARD A 4910 WEST KNOLLWOOD STREET 12. ANAW 12. NAW 4910 WEST KNOLLWOOD STREET 13. SIREL ADDRESS CITY-S1-2P TAMPA FL OFFICE STREET ADDRESS CITY-S1-2P 10. DELETE 3. THIS 3. STREET ADDRESS CITY-S1-2P 10. DELETE 4. CHANGES 5. STREET ADDRESS CITY-S1-2P 10. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND CHANGES CITY-S1-2P 10. Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND CHANGES CITY-S1-2P Addition ADDITIONS/CHANGES TO OFFICERS AND CHANGES CITY-S1-2P Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES TO OFFICERS AND CHANGES CITY-S1-2P ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES TO OFFICERS AND CHANGES CHANGES	9. Name and Address of Current Registered Agent									
TAMPA FL 38834 83 144 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Horizon Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horizon 607 05:05. Florida Statutes SIGNATURE SIGNATURE SIGNATURE OF FICE ISS AND DIRECTORS 12. OF FICE ISS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICE ISS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY ST. 2P WOLFE, RICHARD A 4910 WEST KNOLLWOOD STREET 1.4 CITY ST. 2P 1.4 CITY ST. 2P 1.4 CITY ST. 2P 1.5 TITLE STD DELETE 2.1 TITLE STD DELETE 2.2 NAME 4.3 STREET ADDRESS CITY - ST. 2P 1.4 CITY - ST. 2P 1.5 TITLE STREET ADDRESS CITY - ST. 2P Change Addition Addition Addition Addition Addition ADDRESS STREET ADDRESS CITY - ST. 2P Change Addition NAME STREET ADDRESS CITY - ST. 2P STREET ADDRESS CITY - ST. 2P Change Addition NAME STREET ADDRESS CITY - ST. 2P Change Addition NAME STREET ADDRESS CITY - ST. 2P Change Addition NAME STREET ADDRESS CITY - ST. 2P Change Addition NAME STREET ADDRESS CITY - ST. 2P S					Ľ	"	INAME			
### City ### Lot by provisions of Sections 607 05-09 and 807 15-08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of 5 fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the calligations of, Section 607 05-05, Florida Statutes. ### SIGNATURE 12.							Street Addre	ess (P.O. Box Number is Not Acceptable)		
THE PRESENTE TO the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of 4 fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 4 fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 4 fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of 4 fords. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of the Application of the State of the Application of										
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12	office or registered arrest or both, in the State of Slorida, Such change was authorized by the corneration's board of directors. Thereby accept the appointment as registered.									
12.	SIGNATURE Signature, typed or printed name of registered agent and title if graphicable (NOTE: Registered Agent signature required when reinstating) DATE									
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		entify that the information supplied	with this filing do	es not qualify fo				Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same longly effect as if made under ceth; that I am a	tion	