

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S27943** (7)
1. Corporation Name
RDSF PACKAGING, INC.



Principal Place of Business Mailing Address
**5317 FRUITVILLE RD
SARASOTA FL 34232
US** **5317 FRUITVILLE RD.
SARASOTA FL 34232**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1991		3a. Date of Last Report 08/15/1995	
21		26		4. FEI Number 65-0238575		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KING, CLIFFORD M MURHEAD, GAYLOR, BELLE & KING 100 WALLACE AVE., STE. 380 SARASOTA FL 34237				10. Name and Address of New Registered Agent			
81. Name CLIFFORD M. KING				82. Street Address (P.O. Box Number if Not Applicable)			
83. 1800 SECOND ST., STE 855				84. SARASOTA			
				FL		85. Zip Code 34236	

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 *Clifford M. King* *Clifford M. King* *8-6-96*
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	FAIRCLOTH, R. DAVID	1.2 NAME	
STREET ADDRESS	4793 WINSLOW BEACON	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34235	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	
NAME	FAIRCLOTH, RENEE	2.2 NAME	
STREET ADDRESS	4793 WINSLOW BEACON	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34235	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. David Faircloth* *8-6-96* *9413782520*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)