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04-27-1999 90086 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S75887**

1. Corporation Name
BLD PACKAGING, INC.

Principal Place of Business	Mailing Address
12911 WALSINGHAM #401 LARGO FL 33774 US	12911 WALSINGHAM #401 LARGO FL 33774 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/23/1991

4. FEI Number: 56-3085678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ (NO) **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ (NO) **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 N/A	26 N/A
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 N/A	City & State 28 N/A
Zip / Country 24 N/A 25	Zip / Country 29 N/A 30

9. Name and Address of Current Registered Agent

~~BOSTICK, W.G., JR.~~
~~31-57TH ST N~~
~~ST. PETERSBURG FL 33710~~

Change →

10. Name and Address of New Registered Agent

81 Name: Timothy C. Schuler
82 Street Address (P.O. Box Number is Not Acceptable): 7843 Seminole BLVD
83
84 City: Seminole FL 85 Zip Code: 33772

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] Timothy C. Schuler 4.22.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DIMBERIO, BARRY L.		1.2 NAME		
STREET ADDRESS	~~13035 - 91ST AVENUE NO.~~ } change of address		1.3 STREET ADDRESS	12911 WALSINGHAM Rd. } Change of address only	
CITY-ST-ZIP	~~SEMINOLE FL~~		1.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	VP	☒ DELETE	2.1 TITLE	→ NO V. P.	☐ Change ☐ Addition
NAME	~~DIMBERIO, LISA M.~~		2.2 NAME	(Please remove LISA DIMBERIO)	
STREET ADDRESS	~~13035 91ST AVE N.~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~SEMINOLE FL~~		2.4 CITY-ST-ZIP	NO V.P. currently being added at this time	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: [signature] BARRY L. DIMBERIO – PRESIDENT 4/22/99 (727) 593-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #