SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL 21 AM 10: 26

TALLAHASSEE, FLORIDA

DOCUMENT # **S77237** **(3)**

1. Corporation Name

HONEY PACKAGING, INC.

Principal Place of Business
13866 SE US HWY 441
SUMMERFIELD FL 34491
US

Mailing Address
PO BOX 416
BELLVIEW FL 34421
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1991
3a. Date of Last Report: 06/23/1994

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

4. FEI Number: 59-3083952 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMONS, GARY C.
121 NORTHWEST THIRD STREET
OCALA FL 32670

10. Name and Address of New Registered Agent
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 607.0508, 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

12. OFFICERS AND DIRECTORS

TYPE	DST
NAME	HUBBARD, THOMAS D.
STREET ADDRESS	13837 S.E. 80TH AVENUE
CITY, ST, ZIP	SUMMERFIELD FL
TYPE	DP
NAME	HUBBARD, JACQUELINE K.
STREET ADDRESS	13837 S.E. 80TH AVENUE
CITY, ST, ZIP	SUMMERFIELD FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

600001545196
-07/25/95--01057--015
****225.00 ****225.00

14. I hereby certify that the information supplied with this report is accurately formatted and 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 complete 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 added to an officer or director with an address.

SIGNATURE: Jacqueline K. Hubbard — 7-14-95 — 904 245 2462
SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR
JACQUELINE HUBBARD

CR2E034 (3/95)

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