

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUN 20 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06660 (7)

1. Corporation Name
CENTRAL CARTON & FINISHING COMPANY, INC.

Mailing Address
1220 ALDEN RD
ORLANDO FL 32803

Principal Place of Business
1220 ALDEN RD
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1992	3a. Date of Last Report 06/23/1993
4. FEI Number 59-3105785	Applied For ☐ Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent

OLVEY, DOUGLAS A.
1300 SUZANNE WAY
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of corporation

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	OLVEY, DOUGLAS A.	1.2 NAME	
1.3 STREET ADDRESS	1300 SUZANNE WAY	1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	LONGWOOD FL	1.4 CITY- ST- ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	OLVEY, CORINNE ISRAEL	2.2 NAME	
2.3 STREET ADDRESS	1300 SUZANNE WAY	2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	LONGWOOD FL	2.4 CITY- ST- ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP		3.4 CITY- ST- ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP		4.4 CITY- ST- ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP		5.4 CITY- ST- ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP		6.4 CITY- ST- ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/94

407-874-8550