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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # *1000000*  
1. Corporation Name *CENTRAL CARTON FINISHING COMPANY, INC.*

Principal Place of Business Mailing Address  
*543 BROOKHAVEN DRIVE  
ORLANDO, FL 32803*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	<i>543 BROOKHAVEN DR.</i>	26	<i>SAME</i>	<i>59-3105785</i>		<input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<i>ORLANDO FL</i>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
24. Zip		25. Country		29. Zip		30. Country	
<i>32803</i>		<i>USA</i>		<input type="checkbox"/>		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

<i>DOUGLAS A. OLVEY 1300 SUZANNE WAY LONGWOOD FL 32779</i>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City		85. Zip Code	
<i>FL</i>		<i>32779</i>					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PRESIDENT, DIRECTOR</i> <input type="checkbox"/> DELETE	1.1 TITLE	<i>President/Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>DOUGLAS A. OLVEY</i>	1.2 NAME	
STREET ADDRESS	<i>1300 SUZANNE WAY</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>LONGWOOD FL 32779</i>	1.4 CITY-ST-ZIP	
TITLE	<i>V.P., SECRETARY, DIRECTOR</i> <input type="checkbox"/> DELETE	2.1 TITLE	<i>V.P./SEC./DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CORINNE J. OLVEY</i>	2.2 NAME	
STREET ADDRESS	<i>1300 SUZANNE WAY</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>LONGWOOD FL 32779</i>	2.4 CITY-ST-ZIP	
TITLE	<i>DIRECTOR</i> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<i>JIM BANTON</i>	3.2 NAME	<i>000002974970--2</i>
STREET ADDRESS	<i>PO BOX 547022</i>	3.3 STREET ADDRESS	<i>-08/31/99--01057--007</i>
CITY-ST-ZIP	<i>ORLANDO FL 32854</i>	3.4 CITY-ST-ZIP	<i>***61.25 ***61.25</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Corinne Olvey* *8/26/99* *407-894-8550*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)