

ANNUAL REPORT

1995

DIVISION OF CORPORATIONS
SECRETARY OF STATE

95 MAY - 1 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60933

(1)

1. Corporation Name

R & L PACKAGING, INC.

Principal Place of Business

119-C VENETIAN DR.
DEL RAY FL 33843

Mailing Address

119-C VENETIAN DR.
DEL RAY FL 33843

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1992

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0342645

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LUNDY, ROBERT W.
119-C VENETIAN DR.
DEL RAY FL 33843

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUNDY, ROBERT W.
STREET ADDRESS	119-C VENETIAN DRIVE
CITY - ST - ZIP	DEL RAY FL 33843
TITLE	T
NAME	LUNDY, CAROL W.
STREET ADDRESS	119-C VENETIAN DRIVE
CITY - ST - ZIP	DEL RAY FL 33843
TITLE	S
NAME	BROOKE, DONALD J.
STREET ADDRESS	4 UP THE RD., P.O. BOX 723
CITY - ST - ZIP	WEST SIMSBURY CT 06092

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/95 407/279-0092