

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 26 PM 1:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F94000001370 (5)**

1. Corporation Name

**DAHLONEGA PACKAGING CORPORATION**

Principal Place of Business

Mailing Address

**P.O. BOX 68  
MURRAYVILLE FL 30564**

**P.O. BOX 68  
MURRAYVILLE FL 30564**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/17/1994**

3a. Date of Last Report

**3/17/94**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**76-0302048**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 substituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **STECKO, PAUL T**  
STREET ADDRESS **1603 ORRINGTON AVENUE**  
CITY-ST-ZIP **EVANSTON IL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V**  
NAME **SWEENEY, W J**  
STREET ADDRESS **1603 ORRINGTON AVENUE**  
CITY-ST-ZIP **EVANSTON IL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VAS**  
NAME **SIMPSON, ROBERT G**  
STREET ADDRESS **1010 MILAN STREET**  
CITY-ST-ZIP **HOUSTON TX**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **VAS**  
NAME **TARONJI JR, JAME-**  
STREET ADDRESS **1603 ORRINGTON AVENUE**  
CITY-ST-ZIP **EVANSTON IL**

4.1 TITLE  Change  Addition  
4.2 NAME **James Faulkner**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **V**  
NAME **WOODALL, ROBERT C**  
STREET ADDRESS **5606 THOMPSON BRIDGE RD.**  
CITY-ST-ZIP **MURRAYVILLE GA**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S**  
NAME **STEWART, KARL A**  
STREET ADDRESS **1010 MILAN**  
CITY-ST-ZIP **HOUSTON TX**

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 is 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:

*James Faulkner*  
Typed name of signing officer or director: **James Faulkner**

**4/20/95**  
Date

Daytime Phone #