

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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: **P.O. BOX 68 MURRAYVILLE FL 30564**
Mailing Address: **P.O. BOX 68 MURRAYVILLE FL 30564**

3. Date Incorporated or Qualified: **03/17/1994** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **76-0302048** 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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 then applicable. (Both Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	STECKO, PAUL T 1603 ORRINGTON AVENUE EVANSTON IL	1.1 TITLE: <input type="checkbox"/> DELETE
TITLE: V	SWEENEY, W J 1603 ORRINGTON AVENUE EVANSTON IL	1.2 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VAS	SIMPSON, ROBERT G 1010 MILAN STREET HOUSTON TX	1.3 STREET ADDRESS: 1019 DOBSON EVANSTON, IL 60301
TITLE: VAS	FAULKNER, JAMES 1603 ORRINGTON AVENUE EVANSTON IL	1.4 CITY, ST, ZIP: EVANSTON, IL 60301
TITLE: V	WOODALL, ROBERT C 5608 THOMPSON BRIDGE RD. MURRAYVILLE GA	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S	STEWART, KARL A 1010 MILAN HOUSTON TX	2.2 NAME: ROBERT A. PAGE
		2.3 STREET ADDRESS: 1124 LOYOLA
		2.4 CITY, ST, ZIP: LIBERTYVILLE, IL 60048
		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME:
		3.3 STREET ADDRESS:
		3.4 CITY, ST, ZIP:
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:
		4.3 STREET ADDRESS:
		4.4 CITY, ST, ZIP:
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:
		5.3 STREET ADDRESS:
		5.4 CITY, ST, ZIP:
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: *Suzanne M. Lefevre* **Suzanne M. Lefevre** 897-442-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)