

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

**APPROVED
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55 APR 29 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Emma S. Murray
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000009780 (6)**

1. Corporation Name
PAK'N'FAX+, INC.

Principal Place of Business: **8512B NAVARRE PKWY NAVARRE FL 32566**

Mailing Address: **8512B NAVARRE PKWY NAVARRE FL 32566**

3. Date Incorporated or Qualified: **02/09/1993**

3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business: **21 8540 NAVARRE PKWY**

2a. Mailing Address: **26 8540 NAVARRE PKWY**

4. FEI Number: **59-3166031**

Applied For: Not Applicable

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **23 NAVARRE, FL**

28. City & State: **28 NAVARRE, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **24 32566**

25. Locality: **25 SANTA ROSA**

29. Zip: **29 32566**

30. Locality: **30 SANTA ROSA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JAY, JAMES W
8512B NAVARRE PKWY
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

81 Name: **JAY, JAMES W**

82 Street Address (P.O. Box Number is Not Acceptable): **8540 NAVARRE PKWY**

83

84 City: **NAVARRE** FL 85 Zip Code: **32566**

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]* **JAMES W. JAY, PRESIDENT** 24 APR '95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNUTSON, STEVEN V
STREET ADDRESS	9804 EMMA WAY
CITY, ST, ZIP	NAVARRE FL
TITLE	V
NAME	ANDERSON, EDWARD W
STREET ADDRESS	23285 KERRA LN
CITY, ST, ZIP	NAVARRE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JAY, JAMES W.
13 STREET ADDRESS	8540 NAVARRE PKWY
14 CITY, ST, ZIP	NAVARRE, FL 32566
21 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAY, CATHERINE P.
23 STREET ADDRESS	111 TIMBERLAKE DR
24 CITY, ST, ZIP	MARY ESTHER, FL 32564
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JAMES W. JAY** 24 APR 95 (904) 939-0940