

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074185 (7)

1. Corporation Name
PAK N SHIP OF SANIBEL, INC.

Principal Place of Business Mailing Address
**2402 PALM RIDGE RD.
SANIBEL FL 33957** **2402 PALM RIDGE RD.
SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/10/1994

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
65-0527728 Not Applicable

22. State Apt # etc 27. State Apt # etc

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

23. City & State 28. City & State

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

24. Zip Country 29. Zip 30. Country

8. This Corporation has liability for intangible tax under S. 199.037,
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROUTH, GENE
2402 PALM RIDGE RD.
SANIBEL FL 33957**

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 607.0201 and 607.1500, 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, thereby discharging the appointment as registered agent. I, the undersigned, hereby accept the obligations of Section 607.0201, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

13. ADDED, DELETED OR CHANGED TO OFFICERS AND DIRECTORS

OFFICER	DP
NAME	CHERBONNIER, ADELAIDE
STREET ADDRESS	16 KINGSBURY PLACE
CITY	ST LOUIS MO 63112
OFFICER	DST
NAME	ROUTH, GENE
STREET ADDRESS	2402 PALM RIDGE RD.
CITY	SANIBEL FL 33957
OFFICER	
NAME	
STREET ADDRESS	
CITY	
OFFICER	
NAME	
STREET ADDRESS	
CITY	
OFFICER	
NAME	
STREET ADDRESS	
CITY	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. NAME	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0201, Florida Statutes. I further certify that the information included 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this filing. I do hereby agree on an affidavit with an address.

SIGNATURE: *Gene Routh* *Gene Routh*
SIGNATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 813-395-1220

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
CORPORATION ADMINISTRATION

APPROVED
AND
FILED

5/15/95 10:15
CORPORATION
STATE OF FLORIDA

DOCUMENT # **P94000075172 (4)**

1. Corporation Name
THE DRYDEN BUSINESS DEVELOPMENT GROUP, INC.

Principal Place of Business: **21258 GREENWOOD CT BOCA RATON FL 33433**
Mailing Address: **21258 GREENWOOD CT BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report: **NEU**
4. FEI Number: **65-0538383**
Applied For: 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. The corporation has liability for intangible tax under § 190.037 Florida Statutes: Yes No

2. Principal Place of Business: **21** State: **FL** Apt. # **22** City & State: **23** Zip: **24** County: **25** Mailing Address: **26** State: **27** City & State: **28** Zip: **29** County: **30**

9. Name and Address of Current Registered Agent
**DRYDEN, RAYMOND E
21258 GREENWOOD CT
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
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 607.011, 607.012 and 607.013, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If a change was authorized by the corporation's board of directors, I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.011, 607.012 and 607.013, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN & PRESIDENT
NAME	RAY E DRYDEN
STREET ADDRESS	21258 GREENWOOD CT.
CITY, STATE, ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and placed on file for the complete state in Sections 607.011, 607.012 and 607.013, Florida Statutes. I further certify that the information included on this form is a true and correct report of the corporation's officers, directors, and agents 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 secretary thereof, and am empowered to execute this report as required by Florida Statutes, and that my name appears on Block 12 or 13 of this document when filed.

SIGNATURE:
SIGNATURE AND TYPE OF THE PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
RAY E. DRYDEN

5/15/95 407-477-3044