

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095478

Entity Name: PALLETONE OF FLORIDA, INC.**Current Principal Place of Business:**1470 HWY 17 SOUTH
BARTOW, FL 33830**Current Mailing Address:**1470 HWY 17 SOUTH
BARTOW, FL 33830 US**FEI Number: 59-3724694****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	WALLACE, HOWE Q
Address	1470 HWY. 17 S.
City-State-Zip:	BARTOW FL 33830

Title	TREASURER
Name	FLETCHER, CASEY A
Address	1470 US HWY. 17 S.
City-State-Zip:	BARTOW FL 33830

Title	ASST. TREASURER
Name	BORGLUND, TERRY
Address	1470 HWY 17 SOUTH
City-State-Zip:	BARTOW FL 33830

Title	AUTHORIZED AGENT
Name	COLE, MICHAEL RICHARD
Address	1470 HWY 17 SOUTH
City-State-Zip:	BARTOW FL 33830

Title	SECRETARY
Name	DAVID ARTHUR, TUTAS
Address	1470 HWY 17 SOUTH
City-State-Zip:	BARTOW FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLE, MICHAEL RICHARD**AUTHORIZED AGENT****03/31/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date