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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 154422

4422 (0)

PACKERS SUPPLY COMPANY, INC.

FILED Feb 26 1997 8:00am Secretary of State



	ce of Business	Mailing Address				
1000 N 2ND ST PO BOX 3510 FT PIERCE FL 34948		1000 N 2ND ST PO BOX 3510 FT PIERCE FL 34948-3510				
				3. Date Incorporated or Qualified 3a. Date o 03/24/1948 04/11/1		of Last Report /1996
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
<u></u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26		59-0584960		Not Applicat
– Suite Apt T	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional
C+ 0.63		City & State				Fee Required
City & Sta	ue:	·····1		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
I - Zip	Country	<b>28</b>	Country	8. This corporation has liability for in		
]	25	29	30		Yes No	
	9. Name and Address of Curre	<u></u>	1	10. Name and Address of New Reg		
KIN	IG, JAMES L.		B1 Name			
	05 RIVER BIRCH DR.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable	lo	
	PIERCE FL 34981		Street Adv	idress (F.O. Box Number is Not Acceptable	ie)	
• • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83			
					lar.	Tin Code
			84 City		FL 85	Zip Code
1. Pursuani	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-named co	orporation submits this statement for the puration's board of directors. I hereby accep	urpose of chan	nging its register
			YC. D!-! 4 1-'	and a share and a share and a share at	DATE	
2.	Signature, typical or protect name of rogistical a OFFICERS A	gent and tire it applicable (NC ND DIRECTORS	DTE: Registered Agent signature req	guired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRE	ECTORS IN 12
					ERS AND DIRE	
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1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the afformation indicated on this angual report or trustee in the accurate and that my signature shall have the same legal effect as if made under oath; that 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 Mock 13 if charticed, or on an attachment with an address.

SIGNATURE:

SIGNATURY AND THEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

2-21-97

561-461-5100