

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90003 016 ***150.00

DOCUMENT # 154422

1. Corporation Name

PACKERS SUPPLY COMPANY, INC.

Principal Place of Business

1000 N 2ND ST
PO BOX 3510
FT PIERCE FL 34948

Mailing Address

1000 N 2ND ST
PO BOX 3510
FT PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1948

4. FEI Number

59-0584960

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

KING, JAMES L.
3605 RIVER BIRCH DR.
FT. PIERCE FL 34981

10. Name and Address of New Registered Agent

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LYNCH, FRANK J.
STREET ADDRESS 1908 ZEPHYR AVENUE
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE VTD ☐ DELETE

NAME KING, JOSEPH A
STREET ADDRESS 5061 KLARE DR
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE PDC ☐ DELETE

NAME KING, JAMES L
STREET ADDRESS 3605 RIVER BIRCH DR.
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE DS ☐ DELETE

NAME LYNCH, JANICE K
STREET ADDRESS 1908 ZEPHYR AVENUE
CITY-ST-ZIP FT PIERCE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

7004 ARTHURS ROAD
FT PIERCE, FL 34951

2.1 TITLE

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)