

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90059 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 388240

1. Corporation Name
BLENDPAC INTERNATIONAL CORPORATION



Principal Place of Business: 8536 POSEY ROAD JACKSONVILLE FL 32220-2360
Mailing Address: 8536 POSEY ROAD JACKSONVILLE FL 32220-2360

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1971
4. FEI Number: 59-1385678
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
MARTINEZ, ROBERT J.
548 E COMMERCIAL BLVD.
FORT LAUDERDALE FL 33307

10. Name and Address of New Registered Agent
81 Name: Ralph J Martinez
82 Street Address: 8536 Posey Rd
84 City: Jacksonville FL 85 Zip Code: 32220

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: Ralph J Martinez DATE: 4/7/99

12. OFFICERS AND DIRECTORS
MARTINEZ, PATRICIA C. (VP D. T. Title)
MARTINEZ, ROBERT J. (D. Title)
MARTINEZ, RALPH J. (P D. S. Title)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 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: Patricia C Martinez REQUIRED Date: April 6, 1999 Phone #: 904-786-4373

CR2E034 (1/98)