FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:31

DOCUMENT # **807549** **(1)**

1. Corporation Name
TRI-PAK MACHINERY INC

Principal Place of Business	Mailing Address
1102 N COMMERCE ST HARLINGEN TX 78550	1102 N COMMERCE ST HARLINGEN TX 78550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1948	3a. Date of Last Report: 06/01/1994
4. FEI Number: 74-1043072	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TURNER & LYNN
830 N KROME AVE
HOMESTEAD FL 33030

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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, ALAN C	12 NAME		
STREET ADDRESS	441 WOODLAND DRIVE	13 STREET ADDRESS		
CITY ST ZIP	HARLINGEN, TX 00000	14 CITY ST ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, DAVID A.	22 NAME		
STREET ADDRESS	2922 JACARANDA DRIVE	23 STREET ADDRESS		
CITY ST ZIP	HARLINGEN TX	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	KILBOURN, CHARLES M	32 NAME		
STREET ADDRESS	RT 2 BOX 150-A	33 STREET ADDRESS		
CITY ST ZIP	HARLINGEN, TX 00000	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, JAMES W.	42 NAME		
STREET ADDRESS	2802 EMERALD LAKE DR.	43 STREET ADDRESS		
CITY ST ZIP	HARLINGEN TX	44 CITY ST ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	GROVES, DANIEL J.	52 NAME		
STREET ADDRESS	3202 JACARANDA DR	53 STREET ADDRESS	2409 Riverside	
CITY ST ZIP	HARLINGEN TX	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is validly furnished and 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.

SIGNATURE: Alan C. Fitzgerald 3/22/95 210-423-5140
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Alan C. Fitzgerald, Pres.

040040 FN