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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 807549 (1)

1. Corporation Name
TRIPAK MACHINERY INC



Principal Place of Business

1102 N COMMERCE ST
HARLINGEN TX 78550

Mailing Address

1102 N COMMERCE ST
HARLINGEN TX 78550-4814

3. Date Incorporated or Qualified 02/13/1948	3a. Date of Last Report 05/01/1996
4. FEI Number 74-1043072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P O Box 1228

27 Suite, Apt. #, etc.

28 City & State

28 Harlingen TX

29 Zip Country

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 _____ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, ALAN C	1.2 NAME	
STREET ADDRESS	441 WOODLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARLINGEN, TX 00000	1.4 CITY-ST-ZIP	78550
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, DAVID A.	2.2 NAME	
STREET ADDRESS	2922 JACARANDA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARLINGEN TX	2.4 CITY-ST-ZIP	78550
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBOURN, CHARLES M	3.2 NAME	
STREET ADDRESS	RT 2 BOX 150-A	3.3 STREET ADDRESS	RT 10 Box 150-A
CITY-ST-ZIP	HARLINGEN, TX 00000	3.4 CITY-ST-ZIP	78552
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, JAMES W.	4.2 NAME	
STREET ADDRESS	2802 EMERALD LAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARLINGEN TX	4.4 CITY-ST-ZIP	78550
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVES, DANIEL J.	5.2 NAME	
STREET ADDRESS	2409 RIVERSIDE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARLINGEN TX	5.4 CITY-ST-ZIP	78550
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 Alan C. Fitzgerald, PRES. 4/02/97 210-423-5140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)