

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **807549** (1)
1. Corporation Name
TRI-PAK MACHINERY INC

Principal Place of Business
**1102 N COMMERCE ST
HARLINGEN TX 78550**

Mailing Address
**PO BOX 1228
HARLINGEN TX 78551
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1948	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1043072	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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				85 Zip Code	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
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	
TITLE	TD	2.1 TITLE	P/D
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	
TITLE	VD	3.1 TITLE	
NAME	KILBOURN, CHARLES M	3.2 NAME	
STREET ADDRESS	RT 10 BOX 150-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARLINGEN, TX 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
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	
TITLE	D	5.1 TITLE	
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	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Daniel J. Groves 4/29/98 956-423-5140

CR2E034 (10/97)