

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 21 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **836118** (0)
1. Corporation Name
PACKAGE SUPPLY & EQUIPMENT COMPANY INC.

Principal Place of Business Mailing Address
10121 LAKE LOUISA ROAD P. O. BOX 19021
P O BOX 19021 P O BOX 19021
CLERMONT FL 34711 GREENVILLE SC 29602-8021
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/07/1976** 3a. Date of Last Report **04/20/1994**
4. FEI Number **57-044453** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
COLDE, PAT
10121 LAKE LOUISA ROAD
CLERMONT FL 34711

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 *Pat Colde* DATE **3/27/95**
Signature typed in printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, GARY L	1.2 NAME	
STREET ADDRESS	C/O PERIMETER ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, KEN	2.2 NAME	
STREET ADDRESS	C/O PERIMETER ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE, SC.	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSE, KEVIN	3.2 NAME	
STREET ADDRESS	C/O PERIMETER ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE SC	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, CAROLYN	4.2 NAME	
STREET ADDRESS	C/O PERIMETER RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GREENVILLE, SC.	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 (changed or on an attachment with an address).

SIGNATURE: *Kevin Dresse VP/CEO* DATE **3/27/95** (803) 277-0900
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN DRESSE, V.P./CEO