

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836118 (0)

1. Corporation Name
PACKAGE SUPPLY & EQUIPMENT COMPANY INC.



Principal Place of Business
**10121 LAKE LOUISA ROAD
P O BOX 19021
CLERMONT FL 34711
US**

Mailing Address
**P. O. BOX 19021
P O BOX 19021
GREENVILLE SC 29602-9021
US**

3. Date Incorporated or Qualified
04/07/1976

3a. Date of Last Report
04/21/1995

4. FEI Number
57-0444453

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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 607.0506, Florida Statutes.

SIGNATURE: *Pat Colde* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DANIELS, GARY L	
STREET ADDRESS	C/O PERIMETER ROAD	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDWARDS, KEN	
STREET ADDRESS	C/O PERIMETER ROAD	
CITY - ST - ZIP	GREENVILLE, SC.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRIESSE, KEVIN	
STREET ADDRESS	C/O PERIMETER ROAD	
CITY - ST - ZIP	GREENVILLE SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JENKINS, CAROLYN	
STREET ADDRESS	C/O PERIMETER RD.	
CITY - ST - ZIP	GREENVILLE, SC.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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: *Kevin Dresse, VP* DATE: **4/18/96** DAYTIME PHONE: **864 2770900**

CR2E034 (12/95)