

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/07/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 57-0444453	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

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 _____ (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 checked="" type="checkbox"/> DELETE
NAME	DRIESSE, KEVIN	
STREET ADDRESS	C/O PERIMETER ROAD	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	S	<input checked="" 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	Vice President / Chief Financial Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Laura H. Foster
3.3 STREET ADDRESS	c/o Perimeter Road
3.4 CITY-ST-ZIP	Greenville, S.C. 29605
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donna Murphy
4.3 STREET ADDRESS	c/o Perimeter Rd
4.4 CITY-ST-ZIP	Greenville, S.C. 29605
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 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: *Laura H Foster* 3/14/97 (11) 08:00am

CR2E034 (9/96)