

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 21 1998 8:00am
Secretary of State

DOCUMENT # 856006 (2)
1. Corporation Name
H. A. SACK CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 317 STOCKYARD ROAD P.O. BOX 528 STATESBORO GA 30458		Mailing Address 317 STOCKYARD ROAD P.O. BOX 528 STATESBORO GA 30458	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/04/1983		4. FEI Number 58-0709776	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	

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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	ROESEL, ALBERT J.	1.2 NAME	
STREET ADDRESS	317 STOCKYARD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STATESBORO GA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	ROESEL, PAUL	2.2 NAME	
STREET ADDRESS	317 STOCKYARD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STATESBORO GA	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	AZIZ, CATHERINE M.	3.2 NAME	
STREET ADDRESS	317 STOCKYARD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STATESBORO GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(l), 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: Catherine M. Aziz

1-7-98

912-489-8771

CR2E034 (10/97)