

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90024 026 ***150.00

DOCUMENT # F22713

1. Corporation Name

PACKAGE PICKUP OF FLORIDA, INC.

Principal Place of Business

9028 SAN RAE RD
JACKSONVILLE FL 32257-5009

Mailing Address

9028 SAN RAE RD
JACKSONVILLE FL 32257-5009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1981

4. FEI Number

59-2096862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GEISSE, KEN
9028 SAN RAE RD
JACKSONVILLE FL 32217

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	GEISSE, BARBARA E	
STREET ADDRESS	9028 SAN RAE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GEISSE, KEN	
STREET ADDRESS	9028 SAN RAE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	HENRICKS, WILLIAM	
STREET ADDRESS	2214 RIVER BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP-MARKETING	<input type="checkbox"/> DELETE
NAME	Geisse, Cory	
STREET ADDRESS	9028 SAN RAE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VP-	<input type="checkbox"/> DELETE
NAME	Geisse, STEVEN	
STREET ADDRESS	12246 MARBON ESTATES E	
CITY-ST-ZIP	JACKSONVILLE FL.	
TITLE		<input type="checkbox"/> DELETE
NAME	11246 MARBON ESTATES LN. E.	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ken Geisse 1/10/99 (904) 398-7170

CR2E034 (1/98)