

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

FILED
Mar 11 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 # **J06006**

(7)

1. Corporation Name
SUPER PACK CHEMICAL CO., INC.

Principal Place of Business
**1580 NEIMEYER CIRCLE
PORT ST. LUCIE FL 34952**

Mailing Address
**1580 NEIMEYER CIRCLE
PORT ST. LUCIE FL 34952**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1986		3a. Date of Last Report 04/22/1996	
21		26		4. FEI Number 59-2663918		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANGAS, PETER 4484 E. OCEAN BLVD. BLDG. 103, E-3 JENSEN BEACH FL 34957				81 Name			
1240A SUN TERRACE CIR. P.S.C. FL 34986				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE				1.1 TITLE ☒ Change ☐ Addition			
NAME SANGAS, PETER				P SANGAS, PETER			
STREET ADDRESS 4484 E. OCEAN BLVD. BLDG. 103, E-3				1.2 NAME 1240A SUN TERRACE CIR.			
CITY-ST-ZIP JENSEN BEACH FL				1.3 STREET ADDRESS P.S.C. FL 34986			
1.4 CITY-ST-ZIP				2.1 TITLE ☐ Change ☐ Addition			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP			
3.1 TITLE ☐ Change ☐ Addition				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4.1 TITLE ☐ Change ☐ Addition				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP			
5.1 TITLE ☐ Change ☐ Addition				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE ☐ Change ☐ Addition				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				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:

Peter Sangas

YRF

1/8/97 1-561 335-5537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER SANGAS

Date

Daytime Phone #

0628092

CR2E034 (9/96)