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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT 1998		7.7	y of State ORPORATIONS	Secretary	of State
DOCUI 1. Corporatio	MENT #	K46138	` '			
UAVIU	C. Brown Fai	HMS PACKING	i HOUSE, INC.			
Principal Plac	e of Business		Mailing Address			<u> </u>
2665 OAK RIG	DGE CT		2665 OAK RIDGE CT			
FT MYERS FL			FT. MYERS FL 33901		DO NOT WRITE IN THI	C CDACE
US			U\$		3. Date Incorporated or Qualified	SSPACE
1					11/18/1988	
	lace of Business	^	2a. Mailing Address	^ ^	4. FEI Number	Applied For
21 2005	DOL Links	S (DOLL)	26 2665 Oak K	100e (Jourt	65-0090207	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	0	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	luers FL		28 Ft Muers	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
」 Zip つって	Coi	untry	Zip	Country	8. This corporation owes or has paid the o	
24 35	25   25   0   25   25	dress of Current		30 ( ) )	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
DD/		uress of Current	negistered Agent	81 Name	10, Name and Address of New Degistate	и мунт
DRUWN, DAVID C.						
FT. MYERS FL 33901				ddress (P.O. Box Number is Not Acceptable)		
'''		•		83		
				84 City		85 Zip Code
					F	
office or r	egistered agent, or t	ooth, in the State o	f Florida. Such change was ai	uthorized by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
agent. I a	m familiar with, and	accept the obligati	ons of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typed or printed	name of registered agent	and title if applicable (NOTE	: Registered Agent signature re	quired when reinstating) DATE	
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	_	☐ DELETE	1.1 TITLE		Change Addition
NAME	BROWN, DAVID			1.2 NAME		
STREET ADDRESS	2665 OAK RID	GE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		DELETE	1.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME				2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4. CITY-ST-ZIP		
TITL€			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del>.</del>		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADORESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST- ZIP		
TITLE	_		DELET <b>E</b>	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)(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 of 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, of on an attachment with an address.

7-211.98

**FILED** 

Mar 05 1998 8:00am