

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin,  
Secretary of State  
Tallahassee, FL 32301-0001

APPROVED  
AND  
FILED

DOCUMENT # L55318

(4)

BEST PALLETS INC.

\$5 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business <b>1220 TULIPWOOD DRIVE 1202 NORTH CHURCH AVENUE SEFFNER FL 33584</b>	2. Mailing Address <b>1220 TULIPWOOD DRIVE 1202 NORTH CHURCH AVENUE SEFFNER FL 33584</b>	3. Date of Incorporation or Organization <b>03/02/1990</b>			4. FEI Number <b>59-2998149</b>		5. Date of Last Report <b>05/01/1994</b>
6. Principal Officer <b>21 Cathy A. Best</b>	7. Mailing Address <b>22 27</b>	8. Date of Birth <b>23 28</b>	9. State <b>FL</b>	10. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	11. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Added to Fees	12. Florida Corporation Tax Liability For a corporation tax-exempt under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Name and Address of Current Registered Agent <b>BEST, CATHY A. 1220 TULIPWOOD DRIVE SEFFNER 33584</b>	14. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State FL 85 Zip Code</b>						

11. I, the undersigned, declare that I am the registered agent for my corporation, and that I have read the Florida Statutes. If my corporation has no officers, this statement is for the purpose of charging its registered agent with responsibility for the filing of the annual report. Such officer(s) was/were authorized by the corporation's board of directors, thereby causing the undersigned to be registered agent. I am further sworn that the corporation is not subject to the Florida Statutes.

2000PAP-AJ8

12. OFFICER (P), ANG (A), DIR (D), HOD (H)	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>DP BEST, ALBERT 1220 TULIPWOOD DRIVE SEFFNER FL</b>	<b>13.1 NAME 13.2 TITLE 13.3 ADDRESS 13.4 PHONE 13.5 FAX</b>
<b>DST BEST, CATHY A. 1220 TULIPWOOD DRIVE SEFFNER FL</b>	<b>13.6 NAME 13.7 TITLE 13.8 ADDRESS 13.9 PHONE 13.10 FAX</b>
<b>HOD HOD HOD HOD</b>	<b>13.11 NAME 13.12 TITLE 13.13 ADDRESS 13.14 PHONE 13.15 FAX</b>
<b>HOD HOD HOD HOD</b>	<b>13.16 NAME 13.17 TITLE 13.18 ADDRESS 13.19 PHONE 13.20 FAX</b>
<b>HOD HOD HOD HOD</b>	<b>13.21 NAME 13.22 TITLE 13.23 ADDRESS 13.24 PHONE 13.25 FAX</b>
<b>HOD HOD HOD HOD</b>	<b>13.26 NAME 13.27 TITLE 13.28 ADDRESS 13.29 PHONE 13.30 FAX</b>

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4) Florida Statutes. I further certify that the information included in the annual report is supplemental annual report from an entity and my signature shall have the same legal effect and made under oath that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 1107 Florida Statutes, and that my name appears in Block 12 or Block 14 if changed or on an attachment with an addition.

SIGNATURE: *Albert L. Best* ALBERT L. BEST 15-5-95 x 813-651-1529  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA  
STATE  
AGENCY  
1995



FLORIDA DEPARTMENT OF STATE  
REGISTRATION AND  
QUALIFICATION  
OF BUSINESSES

APPROVED  
F-10

5/8/95

100-1000125-1A

DOCUMENT # L55449

(7)

SRG SALES, INC.

1. Name of Corporation or Partnership  
2. Mailing Address  
3. Date of Incorporation or Qualification  
4. City & State  
5. Business Address  
6. Business Name  
7. Business Type  
8. Business Description  
9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent  
11. Signature  
12. Officers and Directors  
13. Additions/Changes to Officers and Directors  
14. Declaration of Accuracy  
15. Signature and Date

7061 S. TAMAMI TRAIL  
STE 204 110  
SARASOTA FL 34231  
US

7061 S. TAMAMI TRAIL  
STE 204 110  
SARASOTA FL 34231  
US

21	2a. Mailing Address 26
22	Date App'd to Inc. 27
23	City & State 28
24	Business Name 29
	Business Description 30

4. City & State 5. Business Name 6. Business Type 7. Business Description 8. Business Description 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Signature 12. Officers and Directors 13. Additions/Changes to Officers and Directors 14. Declaration of Accuracy 15. Signature and Date	3a. Date of Incorporation or Qualification 3b. Date of Last Report 03/07/1990 05/01/1994 4. FFC Number 65-0178226 5. Certificate of Status (Required) <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. The corporation has liability for tangible tax under § 100.042 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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GARVIN, STEVEN R.  
7061 S. TAMAMI TRAIL  
STE 204 110  
SARASOTA FL 34231

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. Suite 110  
84. City  
FL 85. Zip Code

11. Pursuant to the procedure of last year, sections 11 and 12 of the Florida Statutes, the above named corporation hereby states that 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 all state opt-in requirements of the Florida Statutes.

SIGNATURE

12. Officers and Directors	13. Additions/Changes to Officers and Directors
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	1. NAME 2. ADDRESS 3. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	4. NAME 5. ADDRESS 6. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	7. NAME 8. ADDRESS 9. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	10. NAME 11. ADDRESS 12. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	13. NAME 14. ADDRESS 15. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	16. NAME 17. ADDRESS 18. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	19. NAME 20. ADDRESS 21. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	22. NAME 23. ADDRESS 24. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	25. NAME 26. ADDRESS 27. CITY, STATE
PD GARVIN, STEVEN R. 7061 S. TAMAMI TRAIL STE 204 110 SARASOTA FL	28. NAME 29. ADDRESS 30. CITY, STATE

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Article 119.07(6) Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall be the same legal officer's name made under oath that this affidavit or declaration of the corporation or the officer or director empowered to execute the report as required by Chapter 119, Florida Statutes, and that my name appears in Block A or Block C of chapter 119 or an attachment thereto.

SIGNATURE:   
PRESIDENT  
DRAFTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEVEN R. GARVIN

5/8/95 5/8/95 9:43 AM 6/4/95