

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

DOCUMENT # L55318

1. Corporation Name
BEST PALLETS INC.

Principal Place of Business
1220 TULIPWOOD DRIVE
1202 NORTH CHURCH AVENUE
SEFFNER FL 33584

Mailing Address
1220 TULIPWOOD DRIVE
1202 NORTH CHURCH AVENUE
SEFFNER FL 33584

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90070 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/02/1990

4. FEI Number
59-2998149
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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 1309 Wallwood Dr
Suite, Apt. #, etc.

26 1309 Wallwood Dr
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Brandon Florida
Zip Country

28 Brandon Florida
Zip Country

24 33501 25 USA

29 33501 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEST, CATHY A.
1220 TULIPWOOD DRIVE
SEFFNER FL 33584

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1309 Wallwood Dr

83

84 City
Brandon

85 Zip Code
FL 33501

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BEST, ALBERT
1220 TULIPWOOD DRIVE
SEFFNER FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1309 Wallwood Dr
Brandon FL 33501

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BEST, CATHY A.
1220 TULIPWOOD DRIVE
SEFFNER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1309 Wallwood Dr
Brandon FL 33501

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0375385

CR2E034 (11/98)