

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107241

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** PACKERS SUPPLY COMPANY, INC.

**Current Principal Place of Business:**

1000 N 2ND ST.  
FT. PIERCE, FL 34948

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3510  
FT. PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** 65-1073063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LEWIS, RICK L  
Address: 2018 BREVARD ROAD  
City-St-Zip: HIGH POINT, NC 27263

Title: D  
Name: BELL, TED T  
Address: 100 ROGERS BRIDGE ROAD  
City-St-Zip: DUNCAN, SC 29334

Title: C  
Name: BELL, H NEILL  
Address: 2018 BREVARD ROAD  
City-St-Zip: HIGH POINT, NC 27263

Title: VP  
Name: STROUD, GURNEY L III  
Address: 2018 BREVARD ROAD  
City-St-Zip: HIGH POINT, NC 27263

Title: ST  
Name: KEMP, GLENDA  
Address: 2018 BREVARD ROAD  
City-St-Zip: HIGH POINT, NC 27263

Title: GM  
Name: MCGEE, JOHN M  
Address: 1000 N 2ND STREET  
City-St-Zip: FORT PIERCE, FL 34948

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M. MCGEE

GM

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date