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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P12037

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	SAVE AND	PACK,	INC.

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Principal Place of	Business	M	niting Address							
11840 VALLEY VIEW ROAD EDEN PRAIRIE MN 55344 US			P () BOX 990 Minneapolis MN 55440 US							
						3. Date Incorporated or Qualified 11/06/1986		f Last Report /01/1995		
2. Principal Place	of Business	-··	, Mailing Address				4, FEI Number		Not Applicable	
Suite, Apt. #,	etc.	26	Suite Apt. #, etc				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		27	Oity & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	28	Ζφ		l:y		8. This corporation has liability for I	M T No		
4	25	29	L	1301			10. Name and Address of New R	legistered A	gent	
	9. Name and Address of Co	ırrent Regi	stered Agent	+	-					
CT CORPORATION SYSTEM					82 Street Address (P.O. Box Number is Not Acceptable)					
1200 S.	PINE ISLAND ROAD			}	83			_,,		
	TION FL 33324			1	3	City		FL	85 Zip Code	
	idea of Sections 607	0502 and 6	307 1508 Florida Statute	Applied For Sq. 3019141 S8.75 Additional Fee Required Set Se						

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.

	and accept the obligations of, Section 607.0		Hopotered Agent signature regimed	when renefatings DATE			
S.J	one special period on a of regide state of a state of a OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICE ROADS	IANGES TO OFFICERS AND DIRECTORS IN 12		
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E .	DVT	<u> </u>	12 NAME				
IE .	DANIELS, DUANE J		13 STREET ADDRESS				
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#E	JOHNSON, TERESA H		4.3 STREET ADORESS				
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.E	D	C1 parent	5.2 NAME				
ME	ANDERSON, LAURENCE L		5.3 STREET ADDRESS				
REET ADDRESS	8920 PERSHALL ROAD		5.4 Crty - \$1 - ZiP				
Y SI-ZIF	HAZELWOOD MO	f nercie	6 1 THE	☐ Change [DA [
LE	VP	☐ DELETE	6.2 NAME				
ME	BOEHNEN, DAVID L		6.3 STHEET ADDRESS				
IREET ADDRESS	11840 VALLEY VIEW ROAD						
aty - St - ZIP	FOEN PRAIRIE MN		6 4 3 H Y - \$1 - 7 If	for the exemption stated in Section 119 07(3)(k), Florida Statutes rate and that my signature shall have the same legal effect as if m	i. T turt		

I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 conjunation or the receiver or trusted 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 attack tent with an address. 14. I do hereby certify that the information supplied with this

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CR2E034 (12/95)