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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P12037**

(8)

1. Corporation Name

SAVE AND PACK, INC.

Principal Place of Business

**11840 VALLEY VIEW ROAD
EDEN PRAIRIE MN 55344
US**

Mailing Address

**P O BOX 990
MINNEAPOLIS MN 55440-0990
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/06/1986

3a. Date of Last Report

05/01/1996

4. FET Number

94-3019141

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

☒ TITLE ☐ DELETE

NAME **DVT
DANIELS, DUANE J**
STREET ADDRESS **20461 MANCHESTER ROAD**
CITY-ST-ZIP **KIRKWOOD MO**

☒ TITLE ☐ DELETE

NAME **DP
PATTILLO, BOB C**
STREET ADDRESS **20461 MANCHESTER ROAD**
CITY-ST-ZIP **KIRKWOOD MO**

TITLE ☒ DELETE

NAME **VP
HARRIS, ISAIAH**
STREET ADDRESS **11840 VALLEY VIEW ROAD**
CITY-ST-ZIP **MINNEAPOLIS MN**

☒ TITLE ☐ DELETE

NAME **S
JOHNSON, TERESA H**
STREET ADDRESS **11840 VALLEY VIEW ROAD**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE ☒ DELETE

NAME **D
ANDERSON, LAURENCE L**
STREET ADDRESS **8920 PERSHALL ROAD**
CITY-ST-ZIP **HAZELWOOD MO**

☒ TITLE ☐ DELETE

NAME **VP
BOEHNEN, DAVID L**
STREET ADDRESS **11840 VALLEY VIEW ROAD**
CITY-ST-ZIP **EDEN PRAIRIE MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Eden Prairie, MN 55344

14. I do 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.

SIGNATURE:

Teresa H. Johnson, Secretary 4/15/97 612 828 4471

CR2E034 (9/96)