

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90074 041 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18051

1. Corporation Name
DYNO-PAK, INC.

Principal Place of Business
3911 CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890
US

Mailing Address
3911 CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1988	
21		26		4. FEI Number 02-0308963	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JONES, NORMAN F
3675 CLIFTON BRYAN RD
CLIFTON BRYAN RD
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

81 Name	MARILYN W. JONES
82 Street Address (P.O. Box Number is Not Acceptable)	3675 CLIFTON BRYAN RD
83	
84 City	ZOLFO SPRINGS FL
85 Zip Code	33890

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 Marilyn W. Jones MARILYN W. JONES April 5, 1999
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, NORMAN F.	1.2 NAME	
STREET ADDRESS	CLIFTON BRYAN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSON, JOHN R.	2.2 NAME	
STREET ADDRESS	20 MARKET ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH 03105	2.4 CITY-ST-ZIP	
TITLE	VPT ASS SEC. D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN W. JONES	3.2 NAME	
STREET ADDRESS	3675 CLIFTON BRYAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Marilyn W. Jones MARILYN W. JONES April 5, 1999 941-735-0875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)