

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
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
JONES, NORMAN F 3675 CLIFTON BRYAN RD CLIFTON BRYAN RD ZOLFO SPRINGS FL 33890		81 Name MARILYN W. JONES	82 Street Address (P.O. Box Number is Not Acceptable) 3675 CLIFTON BRYAN RD	
		83	84 City ZOLFO SPRINGS	
			85 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 if 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 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 (1/198)