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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

FILED Mar 13 1997 8:00am Secretary of State

OCUMENT (Corporation Name	# P27242	2
حدود مومساحين		

T-PAK, INC.

Principal Place of Business

Mailing Address 2 FIFTH ST.

PEABODY MA 01960

PEABODY MA 01960-4916

							3. Date Incorporated or Qualified 12/12/1989		e of Last Fi 7/1996	eport
2. Principal P	ipal Place of Business 2a. Mailing Address			. FEI Number	1		optied For			
21	26			04-2376074			ot Applicable			
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional			
27		'	5. Certificate of Status Desired		Fee Re					
City & State	City & State City & State			5. Election Campaign Financing		\$5.00	May Be			
23		28					Trust Fund Contribution		Added	
Zip	Country	Zιp	Cour	ntry			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	29 30				Florida Statutes Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
				Name	ne ;					
	S. PINE ISLAND ROAD		ŀ	82 Street Address (P.O. Box Number is Not Acceptable)						
PLAN	NTATION FL 33324		L	22 Sectionary (10. Box (10.00) to 110 (Noophable)						
				83		:				
			}	84	City				85 Zip	Code
			.	٠.	O.1,			FL	2,7	
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statul	tes, the ab	ove-	named co	orporat	ion submits this statement for the p	urpose of	changing it	s registered
egent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was jations of, Section 607,0505, FI	aumonzed orida Stati	ates.	tue corbor	ration s	board of directors, I hereby accep	ot the appo	ımment as	registereo
SIGNATURE										1
Olditations	Signature, typod or printed name of registered ag		E: Registered	Agen	t signature rec	quired wt	en reinstating)	DATE		
12,		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE			
TITLE I	PTD	☐ DELFTE	: 1.110	LE	1	Dire	ector	l	Change	X Addition
NAME	ROGERS III EDWARD H.		1.2 NA	ME	1	A. 1	lichael Burnell			
STREET ADDRESS	45 CHESTNUT STREET		1.3 \$11	REET A	ADDRESS :	23 A	tlantic Avenue			
CITY-ST-ZIP	N ANDOVER MA		1.4 CIT	Y-\$1			lampton, MA 03862			
TITLE	D	☐ DELETE	2.1 T(I	LE		•	• •	l	Change	Addition
NAME	ANDERSON RICHARD W.		2.2 NA	ME	.					
STREET ADDRESS	34 CHATHAM WAY		2.3 \$16	REETA	ADDRESS		;			
CITY-ST-ZIP	LYNNFIELD MA		2. 4 CI	TY-ST	- ZIP		<u> </u>			
TITLE	D	☐ DELETE	3.1 TIT	LE				[Change	☐ Addition
NAME	WISSA, NURI A.E.Z. 32 N		3.2 NA	ME		:]
STREET ADDRESS	ASBURY ST.		3.3 STE	REET A	ADDRESS					į
CITY-ST-ZIP	TOPSFIELD MA		3.4. Ci	1Y-\$1	- ZIP					
TITLE	C	☐ DELFTE	4.1 TO	LE				T	Change	Addition
NAME	PENMAN, GORDON		4.12 NA	ME						
STREET ADDRESS	18 KING ARTHUR WAY		4.3 STI	REE1 A	DDRESS					j
CITY-ST-ZIP	MANSFIELD MA		4.4 CIT	Y-\$1	- ZIP					
TITLE	0	DELETE	5.1 TIT	L F					Change	Addition
NAME	DICK C. WALTER		5.2 NA	ME						
STREET ADDRESS	19 THOREAU CIRCLE		5.3 \$11	REET A	DDRESS					İ
CITY-ST-ZIP	BEVERLY MA		5.4 CIT	Y-SI	- ZIP					
TITLE	DV.	DELETE	6 1 TIT	LE					Change	Addition
NAME	BROWN, RICHARD E		6.2 NA	ME	1		· .			
STREET ADDRESS	616 RIVER ROAD		63511	REEFA	DDRESS		: 			
CITY-ST-ZIP	WESTPORT MA		6 4 CIT							[
	by certify that the information supplies	d with this filing does not quali				ted in S	Section 119.07(3)(i), Florida Statute	s. 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 of 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 1

208-239-3200