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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:07

DOCUMENT # P93000021042 (5)

1. Corporation Name

PACKER CONSULTING, INC.

Principal Place of Business

**2923 S. CIRCLE DRIVE
INVERNESS FL 34450**

Mailing Address

**2923 S. CIRCLE DRIVE
INVERNESS FL 34450**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1993

3a. Date of Last Report

03/10/1994

4. FEI Number

59-3171640

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. 196.002,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PACKER, EDWARD T
2923 S CIRCLE DR
INVERNESS FL 34450**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 the corporation)

(Signature typed or printed name of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
PACKER, EDWARD T
2923 S CIRCLE DR
INVERNESS FL 34450**

2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
PACKER, KATHERINE H
2923 S CIRCLE DR
INVERNESS FL 34450**

3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(1)(b), 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 or in an attachment with my address.

SIGNATURE:

Katherine H. Packer, Sec'y-Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE H. PACKER

2/18/95

637-5865