<u></u> . 1	PLEASE READ /	ALL INSTF	RUCTIONS	BEFORE (COMPLET	ING THIS FORM	И.	
APPLICATI FOR	ON (FLORIDA Sa		NT OF STATE	~7		•	
PENSTATEM	SION OF CORP		From 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
DOCUMENT # 193000 21042						97 JUN -9 AM 9: 13		
PACKER CONSULTING, INC.					SECRETARY OF STATE			
HH81 SW 101 TDR GAINESVILLE Principal Place of Business Meiling Address FL, 3 2 6 08					SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Busines	s	Mailing Address	F-L,	3260	8			
				Pa v			(1 0 0	
If above addresses are in	ncorrect in any way, line thro	ough incorrect info	rmation and enter	correction below.	J	TEMENT	46.7 ao	
New Principal Office Ac	New Mailing Office Address, If Applicable			Date Incorp To Do Busin	orated or Qualified ness in Florida 3/16/1993			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Numbe	ner Applied For		
Criy & State		City & State			6. S8.75 Additional Fee required			
Zip	Country	Zip	Countr	<u> </u>	<u> </u>	E OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Floric Title(s) 2 and/or Directors 2			Str Of	ations must list at le est Address of Eac ficer and/or Directo se Post Office Box	h r	City / State / Zip		
Peer Edwa	ard T. PAG	cker	4481	SW 101	TOR	GAINESV	ILLE FL	
TREAS KATHERINE H. PACKER			1/	<u>, </u>	((,	2 5000	
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						4 (00 (00 2 20 39 0 4 - 5 - 66/1737 - 61078 - 604 + ****915.00 *****915.00		
\$ Nama	and Address of Current D	ealstered Agent		T	D. Nome and S			
Name					9. Name and P	9. Name and Address of New Registered Agent		
Edward T. PACKER 4481 SW 1015 OR GAINES VILLE, FL 32608 Suite, Apt. #, Etc.					O. Box Number is Not Acceptable)			
GAINES VILLE, FL 32608 Suite, Apt. #, Etc								
City						State Zip Code		
10. I, being appointed the Signature of Registered Agent	egistered agent of the above	named corporation		h and accept the ol	bligations of Section			
11. Does this co	orporation pay ar			e ites. Yes		(See other si	de for information ngible tax.)	
12. I cytify that I am an office this constatement applic owed by the corporation	cer or director or the receive	er or trustee empoy tion has been elim mes of individuats	wered to execute to inated, the corpo- listed on this form	his application as prate name satisfies to not qualify for	rovided for in chap the requirements an exemption und	oter 607 or 617, F.S. I furthe of section 607,0401 or 617.0 er section 119,07(3)(i), F.S.	IAN1 ES that all food	

Tune 9, 1997 (352) 336-6648

Dayline Phone #

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