

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071986 (2)

1. Corporation Name

PACKAGING EQUIPMENT SPECIALISTS, INC.



Principal Place of Business

222 MARCUM TRACE DR
LAKELAND FL 33809

Mailing Address

222 MARCUM TRACE DR
LAKELAND FL 33809

2. Principal Place of Business

2a. Mailing Address

21 3705 Century Blvd.

26 3705 Century Blvd.

State, Apt. #, etc.

State, Apt. #, etc.

22 Unit #4

27 Unit #4

City & State

City & State

23 Lakeland, Florida

28 Lakeland, Florida

Zip

Zip

24 33811

29 33811

Country

Country

25 America

30 America

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/08/1993

3a. Date of Last Report
02/01/1995

4. FEI Number
65-0442307

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. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

BUSH, PHILIP H
115 S MISSOURI AVE
LAKELAND FL 33801

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 617.1508, 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 of the person who is authorized to sign this statement on behalf of the corporation.

Not a Registered Agent. Signature required for filing.

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
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CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VP
BROWN, JOSEPH M
2926 FORRESTGREEN DR. SOUTH
LAKELAND FL

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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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 119.07(3)(k), 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 or 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.

SIGNATURE: Douglas R. Brown Douglas R. BROWN

2-23-96 (941) 644-4941

CR2E034 (12/95)