## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATION 1996 P94000028857 (8) **DOCUMENT #** Corporation Name PKG'D RIGHT INC. Mailing Address Principal Place of Business SUITE 347 CENTRAL AVE. SUITE 347 CENTRAL AVE. LAKE PLACID FL 33852 LAKE PLACID FL 33852 3. Date Incorporated or Qualified 04/28/1995 04/14/1994 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0480309 Not Applicable \$8.75 Additional Suite Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes X Yes ☐ No Country Country $Z_{i}p$ 29 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent **B1** Name HANCOCK, IRA B Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 347 CENTRAL AVE. LAKE PLACID FL 33852 83 Zip Code 84 City 85 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 (REST): Registered Agent signature responsibilities for stating

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change T) DELETE 1.1100.6 TITLE 72 TOWER ST HANCOCK, IRA B 1.2 NAM( NAME 1702 CONGRESS AVE. 3.9 REET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33936-9081 CHTY-ST-ZIP DELETE 72, Tower ST THEFT TITLE HANCOCK, LINDA R 2.2 NAME NAME Lake placed FL 1702 CONGRESS AVE. 23) JREET ADDRESS STREET ADDRESS 2 CITY-ST-ZIP LEHIGH ACRES FL 33936-9081 CITY -ST-ZiP T DELETE 3 1 Table TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET AUDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TUTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$3 - ZiP CITY - ST - ZIP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. If 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 cath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR B. HAN COCK # SIGNATURE:

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CR2E034 (12/95)