

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035843 (8)

1. Corporation Name
PACK N SHIP, INC.



Principal Place of Business

Mailing Address

5405 W CYPRESS ST #111
TAMPA FL 33607-1772

5405 W CYPRESS ST #111
TAMPA FL 33607-1772

3. Date Incorporated or Qualified

3a. Date of Last Report

05/03/1995

2. Principal Place of Business

2e. Mailing Address

21 6001 John's Rd

26 6001 John's Rd

4. FEI Number

Applied For

59-3331337

Not Applicable

22 STE 201

27 Ste 201

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Tampa FL

28 Tampa FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33624

Country

29 33624

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, STEVEN P
5405 W CYPRESS ST #111
TAMPA FL 33607-1772

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 of the principal officer or registered agent and title, if applicable

(Initials) Registered Agent signature required when re-designating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JEFFRIES, CONNIE
STREET ADDRESS 4002 W GRAY
CITY - ST - ZIP TAMPA FL 33609

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME JEFFRIES, GARY
STREET ADDRESS 4002 W GRAY
CITY - ST - ZIP TAMPA FL 33609

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY JEFFRIES

DATE

884-3244

City/Phone Number

CR2E034 (3/96)