FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000052178 (7)

1. Corporation Name
COLE'S PROFESSIONAL PACKING & SHIPPING, INC.

Principal Place of Business
5582 BURING COURT
FORT MYERS FL 33919

Mailing Address
5582 BURING COURT
FORT MYERS FL 33919

2. Principal Place of Business
21 6326 Whiskey Creek Dr.
Suite, Apt. #, etc.
22
City & State
23 Ft. Myers, FL
Zip 24 33919 Country 25 Lee

2a. Mailing Address
26 6326 Whiskey Creek Dr.
Suite, Apt. #, etc.
27
City & State
28 Ft. Myers, FL
Zip 29 33919 Country 30 Lee

3. Date Incorporated or Qualified: 07/05/1995
3a. Date of Last Report: N/A
4. FEI Number — ☐ 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

9. Name and Address of Current Registered Agent
COLE, DONALD R
5582 BURING COURT
FORT MYERS FL 33919

10. Name and Address of New Registered Agent
81 Name: Donald R. Cole
82 Street Address (P.O. Box Number is Not Acceptable): 5582 Buring Ct.
83
84 City: FT MYERS FL 85 Zip Code: 33919

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] DATE: 4/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, DONALD R 5582 BURING COURT FORT MYERS FL 33919	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURABB, WALTER 221 LAKE VISTA DRIVE MANDAVILLE LA 70471	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURABB, JANINE 221 LAKE VISTA DRIVE MANDAVILLE LA 70471	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600001831566 -05/21/96--01040--001 ***200.00	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	5-P96 JP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Date: 4/22/96 Daytime Phone #: 941-481-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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