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PROFIT CORPORATION **ANNUAL REPORT**

1997



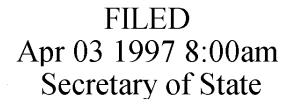
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014118 (9)

FARMPAC ENTERPRISES INC.

Principa	al P	lace	of E	3usine
HOUTE				***





rancipal riace of business		Malling Address	Malling Address		e emmingen eine marie Matrit batet batet batet billet billet filbit filbit filbit filbit			
ROUTE 2 BOX 334 BONNIE FAY FL 32425		ROUTE 2 BOX 334 BONNIE FAY FL 32425-9802						
					3. Date incorporated or Qualified 02/12/1996	3a. Date of Last Report		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 19-3409372	Applied For Not Applicable		
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22 City & Stat	0	City & State				Fee Required		
23	•	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation has liability for it	ntangible tax under s. 199,032,		
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30			Yes No		
B46	9. Name and Address of Curren	it Hegistered Agent		Name	10. Name and Address of New Re	gistered Agent		
	CANINS, TOMAS A 11 TAYWOOD DRIVE		F ::					
TAMPA FL 33624				Street Add	1 Address (P.O. Box Number is Not Acceptable)			
			8	33				
			<u> </u>	34 City		■■ 85 Zip Code		
74 5				'				
office or r	egistered agent, or both, in the State	2 and 607.1508, Florida Sta of Florida, Such change w	atules, the abo as authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered		
	m tamiliar with, and accept the obliga	ations of, Section 607.0505	, Florida Statu	les.		_		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if application. (NOTE: Registered A	Agent signature requ	vireo when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE	1.1700			Change Addition		
NAME Street address	PACANINS, TOMAS A 5801 TAYWOOD DRIVE		1.2 NAM	i				
CITY-ST-ZIP	TAMPA FL 33824			ELI ADDRESS - ST - ZIP				
TITLE	VI	DELETE	2.1 TITLE			Change Addition		
NAME	PACANINS, MERCEDES M		2.2 NAM	E		 V ····		
STREET ADDRESS	5801 TAYWOOD DRIVE		2 3 \$1RE	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624			1-S1-ZIP				
TITLE Name		L_] DECETE	3.1 TITLE			☐ Change ☐ Addition		
STREET ADDRESS			3.2 NAM	E1 ADDRESS				
CITY-ST-ZIP				'-S1-ZIP		•		
TITLE		DELETE.	4.1 TITLE			Change Addition		
NAME		,	4. 2 NAM	16				
STREET ADDRESS			4.3 S1RE	ET ADDRESS	•			
CITY-ST-ZIP		DELETE	4.4 CITY					
TITLE NAME		L_J DETETE	511174	i		Change Addition		
STREET ADDRESS			5.2 NAM	E E1 ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6.1 TITLE			Change Addition		
NAME			6.2 NAM			g. ,		
STREET ADDRESS			G.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal 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.