FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015166 (7)

VAL-PAK OF GAINESVILLE, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Ad	idress				3 MB184 FIRDS 25191 118	IN ESTINATED SEE
2137 SW 102ND TERRACE			2137 SW 102ND TERRACE					*
GAINESVILLE FL 32607-3254 US GAINESVILLE FL 32607-3			LLE FL 32607-325	54		DO NOT WRITE I	N THIS SPACE	
30		00				3. Date Incorporated or Qualified	N INIO O. AOL	
						02/19/1996		
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26	26			59-3367726		Not Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				□ \$8.7	5 Additional
22		27	7			5. Certificate of Status Desired		e Required
City & State		City & 9	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28				Trust Fund Contribution		led to Fees
Zip	Country	Zip		Country	•	8. This corporation owes or has paid		r Intangible
24	25	29		30∤		Personal Property Tax due June 3		☐ No
	9. Name and Address of Curr	ent Registered Aç	gent		\$1	10. Name and Address of New Reg	istered Agent	
	DELSON, ROBERT			81	Name	•		· •
2137 SW 102ND TERRACE GAINESVILLE FL 32607			82	Street Ado	dress (P.O. Box Number is Not Acceptable)	• • • • • • • • • • • • • • • • • • • •	
~				83		ı		
				84	City	,	FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508	Florida Statutes	the above	-named cor	moration submits this statement for the nu		on ite registered
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, typed or printed name of registered	agent and lifte if applicable	e. (NOTE:	Registered Age	nt signature regu	uired when reinstating)	DATE	
12.		AND DIRECTORS	. (12,2)	13.	organization to specific	ADDITIONS/CHANGES TO OFFICE		FORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE			Chan	
NAME	ADELSON, ROBERT			1.2 NAME				
STREET ADDRESS	2137 SW 102 TERR			1.3 STREET	ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			1.4 City-S	T-ZIP		57	
TITLE	STD	ļ	DELETE	2.1 TITLE			☐ Chan	ge Addition
NAME	adelson, deena			2.2 NAME				İ
STREET ADDRESS	2137 SW 102ND TERR			2.3 STREET	ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32607			2. 4 CITY - S	T-ZiP			
TITLE			DELETE	3.1 TITLE			☐ Chan	ge Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY - ST - ZIP				3.4, CITY-S	T-ZIP			
TITLE		[DELETE	4.1 TITLE			Chan	ge 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - ST	- ZIP			
TITLE			DELETE	5.1 TITLE	-		Chang	ge Addition
NAME				5.2 NAME				
Street Address				5.3 STREET	ADDRESS			
City - St - ZiP				5.4 CITY - ST	- ZIP			
TITLE			DELETE	6.1 TITLE			Chang	ge 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-\$T	- ZIP			

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in