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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000020027 (4)**

1. Corporation Name
SKAMPERS PACKAGE EXPRESS, INC.

Principal Place of Business
1030 EDISON AVE
JACKSONVILLE FL 32204

Mailing Address
PO BOX 37460
JACKSONVILLE FL 32236-7460

3. Date Incorporated or Qualified: 02/26/1996
3a. Date of Last Report: NA

2. Principal Place of Business
21 2730 CLYDO RD.
Suite, Apt. #, etc.
22 SUITE # 8
City & State
23 JACKSONVILLE, FL
Zip 24 32207
Country 25 USA

2a. Mailing Address
26 2730 CLYDO RD.
Suite, Apt. #, etc.
27 SUITE # 8
City & State
28 JACKSONVILLE, FL
Zip 29 32207
Country 30 USA

4. FEI Number: 59-3369466 — 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
BELIAKOFF, DAVID M
1030 EDISON AVE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ave-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 _____ (NOTE: Signature required when resigning) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BELIAKOFF, DAVID M	
STREET ADDRESS	2745 COVE VIEW DRIVE S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	☐ DELETE
NAME	BELIAKOFF, SANDRA L	
STREET ADDRESS	2745 COVE VIEW DRIVE S	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/T/D	☐ Change ☑ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not [redacted] ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual repo[redacted] 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 e[redacted] 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 addre[redacted]

SIGNATURE [illegible] 4/24/97

CR2E034 (9/96)