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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAY 29 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027287 (7)

1. Corporation Name
PALLET SYSTEMS-LAKELAND, FL, INC.

Principal Place of Business	Mailing Address
150 E. Palmetto Park Rd. #800 Boca Raton, FL 33432	

3. Date Incorporated or Qualified: 03/27/1996
3a. Date of Last Report:
4. FEI Number: ✓ Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 One S. Ocean Blvd.	26 One S. Ocean Blvd.
Suite, Apt. #, etc. 22 #305	Suite, Apt. #, etc. 27 #305
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL.
Zip / Country 24 33432 / 25 Palm Bch	Zip / Country 29 33432 / 30 Palm Bch

5. Certificate of Status Desired: XX — $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	10. Name and Address of New Registered Agent
Richardson, Zachary 150 E. Palmetto Park Rd. #800 Boca Raton, FL 33432	81 Name: Pallet Management Systems, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): One South Ocean Blvd. 83 #305 84 City: Boca Raton, FL 85 Zip Code: 33432

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] Zachary Richardson, President DATE: 2/10/97
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dignoti, Eugene 9500 Satellite Blvd. #170 Orlando FL 32837 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Richardson, Zachary M. One South Ocean Blvd. #305 Boca Raton, FL 33432 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***1025.00 ****173.75

DB 5-30-97

CR2E034 (9/96)

14. 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 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] 2/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Zachary M. Richardson, President
Daytime Phone # 561/338-7763