

FEE FOR FILING FEE AFTER MAY 1ST IS \$600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90071 045 ***150.00

DOCUMENT # **P96000054887**

1. Corporation Name

SALZCO, INC.

Principal Place of Business

Mailing Address

DBA PAKMAIL
4647 SUNRAY DR.
HOLIDAY, FL 34690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3389542

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDEN H. BASKIN, III
516 N. FT HARRISON AVE
CLEARWATER, FL 34615

81. Name

SALAZAR, ANA L

82. Street Address (P.O. Box Number is Not Acceptable)

1906 DEL ORO CIR

83.

84. City

DUNEDIN

FL

85. Zip Code
34698

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

Ana L Salazar

4/30/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE
NAME **SALAZAR, ANA L**
STREET ADDRESS **1906 DEL ORO CIR**
CITY-ST-ZIP **DUNEDIN, FL 34698**

1.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address, without which this report is not valid.

SIGNATURE:

Ana L Salazar President

4-30-99

(813) 943-5803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

Daytime Phone #