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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000070168**1. Corporation Name

PACK IT / SHIP IT, INC.

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2316 PINE RIDGE ROAD NAPLES FL 34109				2316 PINE RIDGE ROAD NAPLES FL 34109			.	ŕ				
-	•								DO NOT I	WRITE IN THI	S SPACE	
1								3.	Date Incorporated or Qual	ifed		·
									08/21/1996			
2 Principal P	Place of Business		2a. Mailir	ng Address	-				FEI Number		ПА	pplied For
· ·	lace of Basiness		⊢ ¬	.ga.a. 000					59-3396888			ot Applicable
21	0 - 1 -		26	A-1 41 a4a					39-2290000	·		
Suite, Apt.	. #, etc.		<u> </u>	, Apt. #, etc.				5.	Certifcate of Status Desire	d 🛮	•	Additional
22			27									equired
City & Stat	te		City 8	& State				6.	Election Campaign Finance	ing 🗍		May Be
23			28						Trust Fund Contribution		Added	to Fees
Zip		Country	Zip		Cou	ıntry		8.	This corporation owes the	current year li	ntangible	
24	25		29		30				Personal Property Tax.		☐ Yes	□No
	9. Name and	Address of Curi	rent Registered	Agent	. 1 1			10.	Name and Address of No	w Registere	d Agent	
		· · · · · · · · · · · · · · · · · · ·		. 		81	Name					
DOU	JGLAS, LINDA					\Box						·
2316 PINE RIDGE ROAD							82 Street Address (P.O. Box Number is Not Acceptable)					
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11. Pursuant	to the provisions	of Sections 607.0	502 and 607.150	8, Florida Statu	tes, the a	bove	-named co	rporation	submits this statement for	the purpose of	of changing its	s registered
l office or r	registered agent.	or both, in the Sta and accept the obli	ite of Florida. Suc	ch change was :	authorized	t yd t	ne corpora	ation's bo	oard of directors. I hereby a	ccept the app	pintment as re	egistered
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14. I 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 attagrament with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Profession

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90022 045 ***150.00