

MAY 1 2000 3:01PM BUSINESS REPORT (UBR)

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90028 044 ***150.00

DOCUMENT # P910000045626
1. Entity Name
SOUTHEAST PACKAGING MACHINERY, INC

Principal Place of Business Mailing Address
1785 E HWY 50 STE A CLERMONT FL 34711 1785 E HWY 50 STE A CLERMONT FL 34711

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. PO Box 755
Suite, Apt. #, etc.

City & State City & State
MINNEOLA FL 4. 59-3453797

Zip Country Zip Country
34755

Applied For Not Applicable
\$8.75 Additional Fee Required
5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRICK, DAVID JR
1785 E HWY 50 STE A
CLERMONT FL 34711

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature typed in printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) \$50.00

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/T)		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	P K BRENT STAGG	<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. 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 and dated on this report or supplemental 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 it changed, or on an attachment with an address, with all other like empowered.
SIGNATURE DATE 5/1/00 352 394-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR