

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90018 038 ***150.00

DOCUMENT # P97000049835

1. Corporation Name

PROTECTIVE PALLETS, INC.

Principal Place of Business

**130 LAKE JULIA DR NO
PONTE VEDRA BCH FL 32082**

Mailing Address

**130 LAKE JULIA DR NO
PONTE VEDRA BCH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

59-3453961

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

2. Principal Place of Business

2a. Mailing Address

21 Little Bay Harbor

26 Little Bay Harbor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit 8

27 Unit 8

City & State

City & State

23 Ponte Vedra Beach, FL

28 Ponte Vedra Beach, FL

Zip Country

Zip Country

24 32082

25 USA

29 32082

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOHLHAAS, FRANK A
130 LAKE JULIA DR NO
PONTE VEDRA BCH FL 32082**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
Little Bay Harbor Unit 8

83

84 City

FL

85 Zip Code

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, 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 **D** ☐ DELETE
NAME **KOHLHAAS, FRANK A**
STREET ADDRESS **130 LAKE JULIA DR NO**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **Little Bay Harbor Unit 8**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KOHLHAAS, CAROL H**
STREET ADDRESS **130 LAKE JULIA DR NO**
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **Little Bay Harbor Unit 8**
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)