Jun 01, 1999 8:00 am Secretary of State

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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**

DOCUMENT # P97000085951

1. Corporation Name

PAPCO, INC.

					<u> </u>	ON INSEL NAME (NAME) (#)
Principal Place of Business Mailing Address							
29325 CHANDLER TRACE WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544							
			44		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/03/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-3472703	No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22					5. Certificate of Citatus Desired	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip			Country		8. This corporation owes the current year		
24	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
	CD DEALINA DUTU		81	Name			1
FISHER, DEANNA RUTH 29325 CHANDLER TRACE				Street Add	dress (P.O. Box Number is Not Acceptable)		
WESLEY CHAPEL FL 33544			83				————·
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ELI OTAL ELI E GGGTT						
			84	City	F	85 Zip C	Code
44 Durawant	to the provisions of Sections 607 Of	502 and 607 1508 Florida Statutes	the above	-named cor	rooration submits this statement for the nurnose	of changing its	registered
l office or n	enistered agent or both, in the Stat	le of Florida. Such change was aut	thorized by	the corporat	tion's board of directors. I hereby accept the app	ointment as reg	gistered
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Flore	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if annivable (NOTE: E	Registered Agen	t signature requir	rad when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE			1.1 TITLE			Change	☐ Addition
NAME	\		1.2 NAME				
STREET ADDRESS	COOCE CHANDIED TO TO ACE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MEDIEW OHADEL EL COLLA		1.4 CITY-ST-ZiP				
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	COOCE CLIANDIED TO TO TO		2.3 STREET	ADORESS			
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP			
TILE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	3.		3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			Change	Addition
NAME	li		5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

THE PARTY OF THE PROPERTY OF T