

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 29, 1999 8:00 am  
Secretary of State

03-29-1999 90095 011 \*\*\*150.00

DOCUMENT # P97000106324

1. Corporation Name

PACER FEDERAL SERVICES, INC.

Principal Place of Business

551 SE 8TH STREET  
SUITE 600  
DELRAY BEACH FL 33483

Mailing Address

551 SE 8TH STREET  
SUITE 600  
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

06-1505211

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

9. Name and Address of Current Registered Agent

ODROBINA, MARC J  
551 SE 8TH STREET  
SUITE 600  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AUSTIN, BEN T III  
STREET ADDRESS 551 SE 8TH STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE EVP ☐ DELETE

NAME DOERR, KARL W  
STREET ADDRESS 551 SE 8TH STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE EVP ☐ DELETE

NAME HAUGLAND, SCOTT D  
STREET ADDRESS 551 SE 8TH STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE EVPG ☐ DELETE

NAME HANNAH, DAVID C  
STREET ADDRESS 551 SE 8TH STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE S ☐ DELETE

NAME DILLON, GLENNA L  
STREET ADDRESS 551 SE 8TH STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE EVP ☐ DELETE

NAME O'DELL, RALPH M  
STREET ADDRESS 551 SE 8TH STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME BEN T AUSTIN III

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS  
GLENNA L DILLON

See Attached for  
other changes

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further, I 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:

Marc J. Odrobina  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

Daytime Phone #

CR2E034 (11/98)

Registered Agent signature required when reinstating)

DATE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL READ	271578-9695-11
1.3 STREET ADDRESS	551 SE 8TH STREET	P97000106324
1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARC J ODOBINA	
2.3 STREET ADDRESS	651 SE 8TH STREET	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief; that I am an authorized officer or director of the corporation; and that my signature shall have the same legal effect as if made under oath; that I am an authorized officer or director of the corporation; and that my name appears in the charter of the corporation.

SIGNED

BY DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF

PROFIT

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