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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000057897**

1. Corporation Name
H.V. PACKER & COMPANY, INC.



Principal Place of Business: 6720 10TH AVE. TERR. S. ST. PETERSBURG FL 33707
 Mailing Address: 6720 10TH AVE. TERR. S. ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5950 Pelican Bay Plz	26	5950 Pelican Bay Plz	06/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 PH2A		27 PH2A		59-3517412	
City & State		City & State		Applied For	
23 Gulfport, Fl.		28 Gulfport, Fl.		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 33707 USA	25 USA	29 33707 USA	30 USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PACKER, HAROLD V 6720 10TH AVE. TERR. S. ST. PETERSBURG FL 33707				81 Name H.V. Packer	
				82 Street Address (P.O. Box Number is Not Acceptable) 5950 Pelican Bay Plz	
				83 PH2A	
				84 City Gulfport FL 85 Zip Code 33707	
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 <i>H.V. Packer Pres.</i>				DATE 2-15-99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKER, HAROLD V	1.2 NAME	
STREET ADDRESS	6720 10TH AVE. TERR. S.	1.3 STREET ADDRESS	5950 Pelican Bay Plz, PH2A
CITY-ST-ZIP	ST. PETERSBURG FL 33707	1.4 CITY-ST-ZIP	Gulfport Fl. 33707
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Harold V. Packer* **REGISTERED** DATE: Jan 9, 1999 DAYTIME PHONE: 727 3029142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)