## 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 # P98000057897

1. Corporation Name

H.V. PACKER & COMPANY, INC.

Principal Place of Business

Mailing Address

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90165 032 \*\*\*150.00



6720 10TH AVE. TERR. S. ST. PETERSBURG FL 33707		6720 10TH AVE. TERR. S. ST. PETERSBURG FL 33707		DO NOT WRITE IN THIS SPACE
	_			3. Date Incorporated or Qualifed 06/26/1998
21 595	- / O   1   1   1	2a. Mailing Address, 26 5950 Polican Bky Mz		4. FEI Number       Applied For         59 - 35 17 4 12       Not Applicable
Suite, Apt. #, etc. 22 <b>// // 2 //</b>		Suite, Apt. #, etc. 27		5. Certificate of Status Desired
City & State 23 Gulfpont, F1.		City & State 1 28 Gulfpont, Fl.		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 3370	Country 25 USH	29 33707 30	Country USK	8. This corporation owes the current year Intangible Personal Property Tax. Yes  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81 Nam	- X
DAC	VED HADOLD V		oi Nam	" H.V. Packer
PACKER, HAROLD V				et Address (P.A. Box Number is Not Acceptable)
6720 10TH AVE. TERR. S.			<u> </u>	950 Pelican 13ay 1/2
ST. PETERSBURG FL 33707			83	PH 2A
			84 City	Const pont FL 85 Zip Code 33707
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-name	ed 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. Thereby accept the appointment as registered agent Lam familiar with And accept the obligations of Section 607.0505. Florida Statutes.				
SIGNATURE H. V. PACKIN PACS. 2-15-99				
12.	Signature, typed or printed name of registered agent :  OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	PACKER, HAROLD V		1.2 NAME	1 1 0 4/ 1/10/4
STREET ADDRESS			1.3 STREET ADDRES	ss 5950 Peliaan Bay Mz, PH2A  Uniform F1. 33707  Change Addition
CITY-ST-ZIP	ST. PETERSBURG FL 33707		1.4 CITY-ST-ZIP	len 1 famt F1. 33707'
TITLE	011.12.12.100011.0.12.00.10.1	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	ss
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	ss
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	ss
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	ss
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	· Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	ss

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 ther like empowered.