

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10:08

DOCUMENT # S13954 (0)

1. Corporation Name

ASSOCIATED PACKAGE EXPRESS, INC.

Principal Place of Business

**510 POLARIS LOOP #102
P O BOX 181126
CASSELBERRY FL 32718-8126**

Mailing Address

**510 POLARIS LOOP #102
P O BOX 181126
CASSELBERRY FL 32718-8126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1990

3a. Date of Last Report

01/19/1994

4. FEI Number

59-3038058

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 has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEUNIER, PAUL F.
510 POLARIS LOOP, #102
CASSELBERRY FL 32707**

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 of Registered Agent or Principal Officer of Corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
MEUNIER, PAUL F.
510 POLARIS LOOP#102
CASSELBERRY FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**ST
MEUNIER, PAUL F.
510 POLARIS LOOP#102
CASSELBERRY FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VT
MEUNIER, LOIS J.
510 POLARIS LOOP#102
CASSELBERRY FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 liquidator 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 as an attachment with an addendum.

SIGNATURE:

Paul F. Meunier
President
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95
DATE

407-740-3485
TELEPHONE NUMBER