FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$20378

(3)

DAY PACKING, INC.

Principal Place	e of Business	Mailing Address	1 to the state of		
1420 WEST WASHINGTON STREET ORLANDO FL 32805		1420 WEST WASHINGTON STREET ORLANDO FL \$2805-1738			
				3. Date Incorporated or Qualified 12/21/1990	3a. Date of Last Report 02/02/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	Spring Lake Dr.	26 <u>1507 Spri</u>	ng Lake Dr.	59-3044008	Not Applicable
Suite, Apt 22		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State Orlando,	TOT .	6. Election Campaign Financing	\$5.00 May Be
23 Orlar Zp	rdo, FL Country	Zip Zip	Country	Trust Fund Contribution	Added to Fees
— ·		h1	30 USA		Yes No
	25 USA 9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Re	gistered Agent
DOS	ter, william e.		B1 Name		•
215 NORTH EOLA DRIVE ORLANDO FL 32801			82 Street Add	fress (P.O. Box Number is Not Acceptab	vie)
Unu	ANDU FL 32801		83		***************************************
			84 City		FL 85 Zip Code
ornee or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change wa	s authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing its registered at the appointment as registered
SIGNATURE	Signutine typical or preited name of registring agen	and tille if each askin.	OTC. D		
12.	OFFICERS AND		OTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	PDV	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAY, JOHN H.		1.2 NAME		
STREET ADDRESS	1420 W. WASHINGTON ST.		1.3 STREET ADDRESS		
CHTY - \$1 - 7IP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		Change Addition
NAME	DAY, JOHN H		2.2 NAME		
STREET ADDRESS	1420 W WASHINGTON ST		2.3 STREET ADDRESS		
C(TY-ST-ZIP TITLE	ORLANDO FL	DELETE	2.4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME		for percit	32 NAME		Change Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY - S1 - Z(P			34. CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIF			54 CITY+ST-ZIP		
THE		☐ DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

SIGNATURE

14. I do hereby certify that the information indicated on t appears in Block

CITY-ST-7-P

scripplied with this filing tioes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the port or supplemental a mual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that also or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY - ST - ZIP