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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # S51888 (3)

1. Corporation Name
ALL PACK, INC.

Principal Place of Business	Mailing Address
609 N. LANE AVENUE JACKSONVILLE FL 32205	609 N. LANE AVENUE JACKSONVILLE FL 32254-2822

3. Date Incorporated or Qualified: 05/09/1991
3a. Date of Last Report: 05/01/1996

	2. Principal Place of Business		2a. Mailing Address
21	5858 BROADWAY AVE	26	5858 BROADWAY AVE
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: JACKSONVILLE, FL	28	City & State: JACKSONVILLE, FL
24	Zip: 32254	29	Zip: 32254
25	Country	30	Country

4. FEI Number: 59-3065169 — ☐ 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

9. Name and Address of Current Registered Agent

KOCH, FLORIAN
1609 THREE OAKS LN
JACKSONVILLE FL 32223

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. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KOCH, FLORIAN		1.2 NAME	
STREET ADDRESS	1609 THREE OAKS LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP	
TITLE	VPST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOCH, ROSE C.		2.2 NAME	
STREET ADDRESS	1609 THREE OAKS LN		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, JOHN		3.2 NAME	
STREET ADDRESS	1609 THREE OAKS LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4 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	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Rose Koch [illegible]