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 # S93193

1. Corporation Name

PAK'UM & SHIP'UM ETC. INC.

Principal Place of Business	Mailing Address
4313 HIGHWAY 17TH SOUTH ORANGE PARK. FL-32073 US	~~4313 HIGHWAY 17 SOUTH~~ ~~1416 KINGSLEY AVENUE~~ ~~ORANGE PARK FL 32073~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/12/1991

2. Principal Place of Business [21]	2a. Mailing Address [26] **4313 Highway 17 South**	4. FEI Number **59-3095984**	Applied For Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28] **Orange Park, FL**	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip [24] Country [25]	Zip [29] **32073** Country [30] **USA**	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STYLES, JESSIE L ~~4313 HIGHWAY 17 SOUTH~~ ~~1416 KINGSLEY AVE.~~ ~~ORANGE PARK FL 32073~~	[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) **4313 Highway 17 South** [83] [84] City **Orange Park, FL** **FL** [85] Zip Code **32073**

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 X _[signature]_   (NOTE: Registered Agent signature required when reinstating)   DATE 4/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DPS** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **STYLES, JESSIE L.**		1.2 NAME	
STREET ADDRESS **7504 COVEWOOD DR.**		1.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL**		1.4 CITY-ST-ZIP	
TITLE ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 (11/98)

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: X   SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #