

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:33

DOCUMENT # V38892 (8)

1. Corporation Name

PALLET MANAGEMENT GROUP, INC.

Principal Place of Business

5519 EAST CHELSEA STREET
TAMPA FL 33610

Mailing Address

PO BOX 11945
TAMPA FL 33680-1945
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

3a. Date of Last Report

04/06/1994

4. FEI Number

59-3124162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORDELL, JOE B JR
3704 PALMA CEIA CT
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

Carrozza, S. Thomas

82 Street Address (P.O. Box Number is Not Acceptable)

2521 Mason Oaks Drive

83

84 City

Valrico

FL

85 Zip Code

33594

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

S. THOMAS CARROZZA

S. Thomas Carrozza

1/11/95

12. OFFICERS AND DIRECTORS

101

NAME

PSY
CARROZZA, S. THOMAS
2521 MASON OAKS DR.
VALRICO FL

STREET ADDRESS

CITY, ST, ZIP

102

NAME

VD
CARROZZA, KATHLEEN A.
2521 MASON OAKS DR.
VALRICO FL

STREET ADDRESS

CITY, ST, ZIP

103

NAME

STREET ADDRESS

CITY, ST, ZIP

104

NAME

STREET ADDRESS

CITY, ST, ZIP

105

NAME

STREET ADDRESS

CITY, ST, ZIP

106

NAME

STREET ADDRESS

CITY, ST, ZIP

107

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.02(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee appointed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE:

S. THOMAS CARROZZA

S. Thomas Carrozza

1/11/95 (813)626-2800

SIGNATURE, AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR