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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TATLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48668

(0)

VAL-PAK OF THE GULF COAST, INC.

FILED Apr 10 1998 8:00am Secretary of State

T (DB) H BINDEN BIOCH LOTTE BINDE BINDE BINDE BERLY BERLY

Change

Change

Addition

Addition

					<u> </u>		.
Principal Plac	e of Business	Mailing Address			I IDAK BIRAH ANDU MINA BUSE SHELIMIN AND)	.11 81911 91911 1981
19915 BONITA BEACH RD		19915 BONITA BEACH RD					
2104- BONITA-SPRINGS-FL-33923 BONITA-E		BONITA SPRINGS FL 33823	TA CPRINGS FI SSRA		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					06/26/1992		
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 2361 White Blvd 26 P.O. Box			190399		65-0341201		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	.75 Additional ee Required
City & State	6 / -/	City & State	. /		6. Election Campaign Financing	\$5	.00 May Be
23 Nax	es, th	28 Naples, F	_		Trust Fund Contribution		ded to Fees
Zip	Country	Zip *	Country		8. This corporation owes or has paid th	he current ve	ar Intangible
24 341			ю		Personal Property Tax due June 30.		□ No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Regist	tered Agent	
CA	STLE, ALAN M.		81	Name			
2361 WHITE BLVD				Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
NAPLES FL 33964-4356			82	Street Addi	ess (F.O. box Number is Not Acceptable)		
			83				
			B4	City		FL 85	Zip Code
I Office of f	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au attended of, Section 607.0505, Flori	thorized by ida Statutes	the corporat s.	oration submits this statement for the purp ion's board of directors. I hereby accept the	ose of chang le appointmen	ing its registered nt as registered
				nt signature requir	-	DATE	
12.	OFFICERS AND DIRECTORS DP DELETE		13.				
NAME	CASTLE, ALAN M.	C DECETE	1.1 TITLE			∐ Cha	ange Addition
	2361 WHITE BLVD		1.2 NAME				
STREET ADDRESS	NAPLES FL		1.3 STREET				
CITY-ST-ZIP TITLE	DST	DELETE	1.4 CITY-ST-ZIP 2.1 TiTLE			☐ Chá	ange
NAME	CASTLE, JANICE E.	Deteri	2.1 IIILE 2.2 NAME				Inge L. Addition
STREET ADDRESS	2381 WHITE BLVD						
	NAPLES FL		2.3 STREET				
CITY-ST-ZIP TITLE	NAPLES PL.		2. 4 CITY - ST - ZIP		n		4.400
		L DELETE	3.1 TITLE			L. Cha	ange L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP			
TITLE		DEFELE	4.1 TITLE	Ì		Cha	ange 🔲 Addition
NAME			4 2 NAME	ı			

14. Thereby 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:

Abn. M. G. He. 4/7/98 (941) 348-9548

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE