Applied For

Not Applicable

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 # **V48668** 1: Corporation Name

VAL-PAK OF THE GULF COAST, INC.

ĺ	Principal Place of Busin
	2361 WHITE BLVD NAPLES FL 34117
	NAPLES FL 34117
	US

2. Principal Place of Business

Mailing Address

P O BOX 990399 NAPLES FL 34116

2a. Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90138 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/26/1992

4. FEI Number CE 0044004

21		26				0070041201		Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22	يعاملونيون سود منوانوي	27			سسيد رسيديده عرسده	- 1. Celificate of States pessed - Th	Fee Re	quired: ~~~
City & State	9		City & State			6. Election Campaign Financing	\$5.00	Mav Be
23	_	28	•			Trust Fund Contribution	Added to	•
Zip	Country	1201	Zip	Country		8. This corporation owes the current year	Intangible	
`	25	29		30		Personal Property Tax.		□No
24 -	9. Name and Address of Ci			~		10. Name and Address of New Register	ed Agent	
	5. Name and Address of Ci	Artent Regis	tered Agent	81	Name			
CAST	TLE, ALAN M.							
	WHITE BLVD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	•			<u> </u>				
NAPI	LES FL 33964-4356			83				
				84	City		85 Zip C	ode.
				64	City	F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. Pursuant	to the provisions of Sections 607	.0502 and 6	07.1508, Florida Statutes	s, the above	a-named corp	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent or both in the S	State of Florid	ia. Such change was auf	thorized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	jistered
agent. I ai	m familiar with, and accept the o	bligations of,	, Section 607.0505, Flori	da Statutes	•			
SIGNATURE						d when reinstating) DATE		
	Signature, typed or printed name of registers		<u> </u>		it signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.		S AND DIRE	CTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	DP		☐ DELETE	1.1 TITLE	į		Gridings	
NAME	CASTLE, ALAN M.			1,2 NAME	ı			
STREET ADDRESS	2361 WHITE BLVD			1.3 STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-S	T-ZIP			
TITLE	DST		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	CASTLE, JANICE E.			2.2 NAME				
STREET ADDRESS	2361 WHITE BLVD	•	•	2.3 STREE	FADDRESS			
CÎTYÎ-STÎZÎP	NAPLES FL	e · · · · · · · · · · · ·	بلومشيور بال المستواملي الماء الأاء ال	2. 4 CITY-S		در م <u>ر میکند که میکند میکند.</u> و دعه در	والمهمانية أأوالها	
TITLE	NAPLES FL.			3.1 TITLE			Change	Addition
}			<u> </u>	3.2 NAME				
NAME					- 40000000			
STREET ADDRESS					TADDRESS			
CITY-ST-ZiP			D DC ETT	3.4. CITY- S	ST-ZIP	<u> </u>	Change	Addition
TITLE			☐ DELETE	4.1 TITLE			CT change	
NAME	_			4.2 NAME			•	
STREET ADDRESS	,			4.3 STREET	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE	,		☐ DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	TADDRESS			
				5.4 CITY+S	T-ZIP			
CITY-ST-ZIP			DELETE	6.1 TITLE			Change	Addition
TITLE				6.2 NAME				_
NAME 3500	ES L. CARRIED				TADODECO			
STREET ADDRESS	Francisco de la composito de l				TADORESS	•		
CITY-ST-ZIP	ATAPA STATE AND A			6.4 CITY-S				
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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