

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 154422 (0)

1. Corporation Name
PACKERS SUPPLY COMPANY, INC.



Principal Place of Business Mailing Address
**1000 N 2ND ST
PO BOX 3510
FT PIERCE FL 34948** **1000 N 2ND ST
PO BOX 3510
FT PIERCE FL 34948**

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

3. Date Incorporated or Qualified 03/24/1948	3a. Date of Last Report 04/04/1995
4. FEI Number 59-0584960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, JAMES L.
3605 RIVER BIRCH DR.
FT. PIERCE FL 34981**

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 607.0105, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when changing office)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, FRANK J.	1.2 NAME	
STREET ADDRESS	1908 ZEPHYR AVENUE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FT PIERCE, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOSEPH A	2.2 NAME	
STREET ADDRESS	911 PARKRIDGE CIR W	2.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-STATE-ZIP	
TITLE	PDC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES L	3.2 NAME	
STREET ADDRESS	3605 RIVER BIRCH DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FT PIERCE, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JANICE K	4.2 NAME	
STREET ADDRESS	1908 ZEPHYR AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FT PIERCE, FL 00000	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(3)(k), 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: *James L. King* **JAMES L. KING** 4-8-96 407-461-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)