

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90037 047 ***150.00

DOCUMENT # **154422**

1. Entity Name
PACKERS SUPPLY COMPANY, INC.

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

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

4. FEI Number **59-0584960**

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL |
| Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|----------------|----------------------------------|---------------------------------|----------------|---|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNCH, FRANK J. | | NAME | |
| STREET ADDRESS | 10612 PINE CONE LANE | | STREET ADDRESS | |
| CITY-ST-ZIP | FORT PIERCE FL 34945 | | CITY-ST-ZIP | |
| TITLE | VTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, JOSEPH A | | NAME | |
| STREET ADDRESS | 5061 KLARE DR | | STREET ADDRESS | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | | CITY-ST-ZIP | |
| TITLE | PDC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, JAMES L | | NAME | |
| STREET ADDRESS | 3605 RIVER BIRCH DR. | | STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE, FL 00000 | | CITY-ST-ZIP | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNCH, JANICE K | | NAME | |
| STREET ADDRESS | 1908 ZEPHYR AVENUE | | STREET ADDRESS | |
| CITY-ST-ZIP | FT PIERCE, FL 00000 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James L. King* **4-12-01** **1-800-432-4224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)