

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90020 048 \*\*\*\*61.25

**DOCUMENT # N95000004552**

1. Corporation Name

**LABEL-PACK PRINTING AND DESIGN INC.**



Principal Place of Business

1086 FOREST LAKES DR #302  
NAPLES FL 34105  
US

Mailing Address

1086 FOREST LAKES DR #302  
NAPLES FL 34105  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

**09/25/1995**

4. FEI Number

**65-0643801**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FARRANT, ALBERT R  
1945 FAIRVIEW DR  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name **ALFRED E BELISLE, ALFRED E**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1086 FOREST LAKES DR #302**  
83  
84 City **NAPLES** FL 85 Zip Code **34105**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **ALFRED E BELISLE** *Alfred E Belisle*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **FARRANT, ALBERT R**  
STREET ADDRESS **1945 FAIRVIEW DR**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ DELETE  
NAME **BELISLE, ALFRED E**  
STREET ADDRESS **1086 FOREST LAKES DR #302**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE  
NAME **FARRANT, VALERIE**  
STREET ADDRESS **1945 FAIRVIEW DR**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ DELETE  
NAME **BELISLE, MARGARET A**  
STREET ADDRESS **1086 FOREST LAKES DR #302**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **NASH, CHELIE**  
1.3 STREET ADDRESS **209 MOSHER RD**  
1.4 CITY-ST-ZIP **GORHAM, ME 04038**

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 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 617, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

Date

**941-649-5459**

Daytime Phone #

CR2E037 (11/98)

0063811