

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 672386 (0)

1. Corporation Name
SANIBEL PACKING COMPANY, INC.



Principal Place of Business 2477 PERWINKLE WAY SANIBEL FL 33957-3279 US	Mailing Address 2477 PERWINKLE WAY SANIBEL FL 33957-3279 US
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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. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 06/01/1980	3a. Date of Last Report 03/09/1995
4. FEI Number 59-2004129	Applied For <input type="checkbox"/> 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 BAILEY, FRANCIS P., JR. 2477 PERWINKLE WAY SANIBEL FL 33957	10. Name and Address of New Registered Agent
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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS BAILEY, FRANCIS P, JR 2477 PERWINKLE WAY SANIBEL, FL 00000	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAILEY, SAM 3103 N JULIA CIR TAMPA, FL 00000	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP	P/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Francis P. Bailey, Jr. **6/8/96** **941 472 1511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)

CR2E034 (3/96)