FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **009434** **(2)**

1. Corporation Name
OSLO PACKING COMPANY

Principal Place of Business	Mailing Address
C/O J.B. EGAN III P.O. BOX 1208 VERO BCH FL 32961	C/O J.B. EGAN III P.O. BOX 1208 VERO BCH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/19/1920**
3a. Date of Last Report: **01/27/1994**

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

4. FEI Number: **59-0714018** ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEXTON, RALPH W
605 S US HWY #1
VERO BCH FL 32962

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 _____ Date
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, C HEATH	12 NAME	
STREET ADDRESS	1024 QUEENS RD	13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	EGAN, J B III	22 NAME	
STREET ADDRESS	4631 9TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TRIPSON, JOHN R	32 NAME	
STREET ADDRESS	5000 12TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	SEXTON, RALPH W	42 NAME	
STREET ADDRESS	RANCH RD	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	SEXTON, CHARLES R	52 NAME	
STREET ADDRESS	4000 11TH LANE	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DALEY, JACQUELINE S.	62 NAME	
STREET ADDRESS	950 BROADWAY	63 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA	64 CITY ST 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)(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.

SIGNATURE: J.B. Egan, III — 20 February 95 — 407 562 2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

007401S CP