FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 02/19/1920	3a. Date of Last Report: 02/27/1995
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	

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

9. Name and Address of Current Registered Agent

SEXTON, RALPH W
695 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 reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, C HEATH		1.2 NAME	
STREET ADDRESS	1024 QUEENS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE, NC 00000		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EGAN, J B III		2.2 NAME	
STREET ADDRESS	4631 9TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRIPSON, JOHN R		3.2 NAME	
STREET ADDRESS	5000 12TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEXTON, RALPH W		4.2 NAME	
STREET ADDRESS	RANCH RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SEXTON, CHARLES R		5.2 NAME	
STREET ADDRESS	4990 11TH LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DALEY, JACQUELINE S.		6.2 NAME	
STREET ADDRESS	950 BROADWAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA		6.4 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)(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: _____ 2/28/96 407-562-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)