

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 009434

1. Entity Name
OSLO PACKING COMPANY



Principal Place of Business

**C/O J.B. EGAN III
P.O. BOX 1208
VERO BCH, FL 32961**

Mailing Address

**C/O J.B. EGAN III
P.O. BOX 1208
VERO BCH, FL 32961**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0714018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEATH, ALEXANDER H
STREET ADDRESS 1715 BEVERLY DRIVE
CITY-ST-ZIP CHARLOTTE, NC 28207

TITLE ST
NAME EGAN, J B III
STREET ADDRESS 4631 9TH ST
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE D
NAME TRIPSON, JOHN MARK
STREET ADDRESS 5020 12TH ST.
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE PD
NAME SEXTON, RALPH W
STREET ADDRESS RANCH RD
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE VP
NAME SEXTON, ROBERT G
STREET ADDRESS 695 SOUTH US HWY 1
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE D
NAME DALEY, JACQUELINE S.
STREET ADDRESS 950 BROADWAY
CITY-ST-ZIP BELMONT, CA 94002

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01/16/08-80032-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #