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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:26

DOCUMENT # 141799 (7)

1. Corporation Name
SEBRING PACKING CO INC

Principal Place of Business	Mailing Address
523 PEAR ST. P O BOX 1269 SEBRING FL 33871-1269	523 PEAR ST. P O BOX 1269 SEBRING FL 33871-1269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1942
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-0439948 ☐ 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

SCHUMACHER, C.R.
523 PEAR ST.
SEBRING FL 33870

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHUMACHER, C.R.	12 NAME	
STREET ADDRESS	523 PEAR ST.	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL.	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, EMMETT	22 NAME	
STREET ADDRESS	523 PEAR ST.	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL.	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HARSHMAN, WALTER E.	32 NAME	
STREET ADDRESS	523 PEAR ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WOLCOTT, JANE (ASST)	42 NAME	
STREET ADDRESS	523 PEAR ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL.	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	KOCH, LOUISE	52 NAME	
STREET ADDRESS	523 PEAR ST	53 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 added by an attachment with an address.

SIGNATURE: Jane Wolcott 1/15/95 (813) 385-0345
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Title) (Date) (Telephone Number)
XXXXXXXXXXXXXXXXXXXXXXXXXX Jane Wolcott, Asst. Secty.

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