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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 141799 (7)

1. Corporation Name
SEBRING PACKING CO INC

Principal Place of Business

523 PEAR ST.
P O BOX 1269
SEBRING FL 33871-1269

Mailing Address

523 PEAR ST.
P O BOX 1269
SEBRING FL 33871-1269



3. Date Incorporated or Qualified
10/15/1942

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	SCHUMACHER, C.R.	
STREET ADDRESS	523 PEAR ST.	
CITY - ST - ZIP	SEBRING FL.	
TITLE	VD	DELETE
NAME	ANDREWS, EMMETT	
STREET ADDRESS	523 PEAR ST.	
CITY - ST - ZIP	SEBRING FL.	
TITLE	SD	DELETE
NAME	HARSHMAN, WALTER E.	
STREET ADDRESS	523 PEAR ST.	
CITY - ST - ZIP	SEBRING FL.	
TITLE	S	DELETE
NAME	WOLCOTT, JANE (ASST)	
STREET ADDRESS	523 PEAR ST.	
CITY - ST - ZIP	SEBRING FL.	
TITLE	TD	DELETE
NAME	KOCH, LOUISE	
STREET ADDRESS	523 PEAR ST.	
CITY - ST - ZIP	SEBRING FL.	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. R. Schumacher, Pres.

1/29/97

Date

941/385-0345

Daytime Phone #

CR2E034 (9/96)