

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 167778 (0)

1. Corporation Name

ST. GEORGE PACKING COMPANY, INC.

Principal Place of Business

**1200 SHRIMPBOAT LANE
P. O. BOX 2670
FT. MYERS BEACH FL 33902**

Mailing Address

**1200 SHRIMPBOAT LANE
P. O. BOX 2670
FT. MYERS BEACH FL 33902**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1952

3a. Date of Last Report

03/14/1994

4. FEI Number

59-0665203

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SHAFER, LAWRENCE W
5340 WILLIAMS DR.
FT. MYERS BEACH FL 33931-1026**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	SHAFER, LAWRENCE W
STREET ADDRESS	5340 WILLIAMS DR
CITY - ST - ZIP	FT MYERS BEACH FL
TITLE	PD
NAME	SHAFER, JOHN L.
STREET ADDRESS	15054 BONAIRE CIR S.W.
CITY - ST - ZIP	FT MYERS FL
TITLE	SD
NAME	SHAFER, MABEL F.
STREET ADDRESS	5340 WILLIAMS DR.
CITY - ST - ZIP	FT. MYERS BEACH FL
TITLE	TD
NAME	SHAFER, CYNTHIA J.
STREET ADDRESS	15054 BONAIRE CIR S.W.
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Mabel F. Shafer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mabel F. Shafer

Apr. 11, 1995 (813) 463-6351
Date Telephone #