

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 # 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 33932

Mailing Address

1200 SHRIMPBOAT LANE
P. O. BOX 2670
FT. MYERS BEACH FL 33932

2. Principal Place of Business

21 5340 Williams Dr
Suite, Apt. #, etc.

22 City & State

23 Ft. Myers Beach, FL
Zip Country

24 33432 25 Lee

2a. Mailing Address

26 P.O. Box 2670
Suite, Apt. #, etc.

27 City & State

28 Ft. Myers Beach, FL
Zip Country

29 33432 30

3. Date Incorporated or Qualified
01/02/1952

3a. Date of Last Report
04/20/1995

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SHAHER, LAWRENCE W
5340 WILLIAMS DR.
FT. MYERS BEACH FL 33931-1020 4026

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

Lawrence W. Shafer VP.

3-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHAHER, LAWRENCE W
5340 WILLIAMS DR
FT MYERS BEACH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHAHER, JOHN L.
15054 BONAIRE CIR S.W.
FT MYERS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHAHER, MABEL F.
5340 WILLIAMS DR.
FT. MYERS BEACH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SHAHER, CYNTHIA J.
15054 BONAIRE CIR S.W.
FT. MYERS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

March 1, 1996 941-463-6357
Date Daytime Phone #

CR2E034 (12/95)