

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 # 205959 (0)

1. Corporation Name

EVANS PACKING COMPANY



Principal Place of Business

Mailing Address

12833 HWY 301
DADE CITY FL 33525
US

PO BOX 1137
DADE CITY FL 33526-1137
US

3. Date Incorporated or Qualified

09/14/1957

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

4. FEI Number

59-0824451

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

10. Name and Address of New Registered Agent

EVANS JAMES E., JR.
12833 HIGHWAY 301
DADE CITY FL 33525

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 PD ☐ DELETE

NAME EVANS, JR J E
STREET ADDRESS 12833 HIGHWAY 301
CITY- ST- ZIP DADE CITY FL

TITLE VD ☐ DELETE

NAME LOWRY, III L
STREET ADDRESS 12833 HIGHWAY 301
CITY- ST- ZIP DADE CITY FL

TITLE VD ☐ DELETE

NAME EVANS, JAMES E. III
STREET ADDRESS 12833 HIGHWAY 301
CITY- ST- ZIP DADE CITY FL

TITLE STD ☐ DELETE

NAME LOWRY, MARGARET E
STREET ADDRESS 12833 HIGHWAY 301
CITY- ST- ZIP DADE CITY FL

TITLE D ☐ DELETE

NAME EVANS, J E
STREET ADDRESS 12833 HIGHWAY 301
CITY- ST- ZIP DADE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

33525

☐ Change ☐ Addition

LOWRY, LIONEL L. III

33525

☐ Change ☐ Addition

33525

☐ Change ☐ Addition

33525

☐ Change ☐ Addition

33525

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Date

(352) 567-5661

Daytime Phone #

CR2E034 (12/95)