4-17-97 B-4810 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 244955

2. Principal Place of Business

COCCT LAVELLE

Suite, Apt. #, etc.

SIGNATURE:

City & State

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(1)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUWANNEE PACKING CO INC

25

Principal Place of Business Mailing Address 780 COOPER ST. 780 COOPER ST. LIVE OAK FL 32060-3439 LIVE OAK FL 32060

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9. Name and Address of Current Registered Agent

FILED Apr 17 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

06/14/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/22/1961 FEI Number

59-0934878

780 COOPER ST LIVE OAK FL 32060					
			Street Address (P.O. Box Number is Not Acceptable)		
		84	Oth		
		64	City	FL 85 Zip Code	
11. Fursuant 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Stip value, typed or protest rame of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TILLE	PD DELETE	1.1 TITLE		Change Addition	
NAME	CROFT,HENRY	1.2 NAME	ì	•	
STREET ADDRESS	780 COOPER ST.	1.3 STREET	ADDRESS		
City+St-ZiP	UVE OAK FL	1.4 CITY-S	T-ZIP		
TOLE	VD DELETE	2.1 TITLE		Change Addition	
NAME	CROFT, LAVELLE	2.2 NAMÉ	[
STREET ADDRESS	VSD	2 3 STREET	ADDRESS		
CHY-SI-7IF	LIVE OAK FL	2. 4 CITY-	1-ZIP		
THEF	DELETE	3,1 TITLE		Change Addition	
NAM:		3.2 NAME	}	3 3	
STREET ADDRESS		3.3 STREET	ADDRESS	·	
CHY-ST 20F		3.4. CITY -	T-ZIP		
TIFLE	DELETE	4.1 TITLE	l	Change Addition	
NAM _t		4 2 NAME	[
STREET ADDRESS		4.3 STREET	ADDRESS		
CITY ST ZIP		4.4 CITY - S	T-ZIP		
11/18	DELETE	5.1 TITLE	}	Change Addition	
NAME		5.2 NAME			
SIREFLADORESS		5.3 STREET	ADDRESS		
CHY SI-75		5.4 CITY - S	T-ZIP		
101.6	☐ DELETE	61 TITLE	l	Change Addition	
NAME		6.2 NAME]		
STREET ADDRESS		6.3 STREET			
CHY-S1-70	ch had be federally and the federal and the fe	6.4 CITY-5		orad in Continue to O7(0V/) Florida State to Literatura with the case	
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 if changed, or on an attachment with an address.					

Country

B1 Name

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