FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 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 # **440224** **(4)**

1. Corporation Name
BEST PACKERS, INC.

Principal Place of Business	Mailing Address
111 S HWY 19 P O BOX 1457 PALATKA FL 32178-8457	111 S HWY 19 P O BOX 1457 PALATKA FL 32178-1457

3. Date Incorporated or Qualified: **11/21/1973**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-1498041** ☐ 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

AZPIAZU, ROBERTO
~~3501 LONE WOLF TR.~~
~~ST. AUGUSTINE FL 32080~~
1122 Bronson Street
Palatka, FL 32177

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	AZPIAZU, ALFREDO		1.2 NAME		
STREET ADDRESS	3520 LONE WOLF TR.		1.3 STREET ADDRESS	1122 Bronson Street	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	AZPIAZU, ROBERTO		2.2 NAME		
STREET ADDRESS	1823 PRESIDENT ST		2.3 STREET ADDRESS	1122 Bronson Street	
CITY-ST-ZIP	PALATKA, FL 00000		2.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	DS	☐ DELETE	3.1 TITLE	☒ Change	☐ Addition
NAME	AZPIAZU, ALICIA		3.2 NAME		
STREET ADDRESS	1823 PRESIDENT ST		3.3 STREET ADDRESS	1122 Bronson Street	
CITY-ST-ZIP	PALATKA, FL 00000		3.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	VP	☐ DELETE	4.1 TITLE	☒ Change	☐ Addition
NAME	AZPIZAU, ROBERT JR		4.2 NAME		
STREET ADDRESS	3501 LONE WOLF TR.		4.3 STREET ADDRESS	1122 Bronson Street	
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: _____ 4-17-97 941 328-5127