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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # **440224** **(4)**

1. Corporation Name
BEST PACKERS, INC.

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

Mailing Address
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
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	☐ DELETE
NAME	AZPIAZU, ALFREDO	
STREET ADDRESS	3520 LONE WOLF TR.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	☐ DELETE
NAME	AZPIAZU, ROBERTO	
STREET ADDRESS	1823 PRESIDENT ST	
CITY-ST-ZIP	PALATKA, FL 00000	
TITLE	DS	☐ DELETE
NAME	AZPIAZU, ALICIA	
STREET ADDRESS	1823 PRESIDENT ST	
CITY-ST-ZIP	PALATKA, FL 00000	
TITLE	VP	☐ DELETE
NAME	AZPIZAU, ROBERT JR	
STREET ADDRESS	3501 LONE WOLF TR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1122 Bronson Street	
1.4 CITY-ST-ZIP	Palatka, FL 32177	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1122 Bronson Street	
2.4 CITY-ST-ZIP	Palatka, FL 32177	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1122 Bronson Street	
3.4 CITY-ST-ZIP	Palatka, FL 32177	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1122 Bronson Street	
4.4 CITY-ST-ZIP	Palatka, FL 32177	
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		

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: [illegible] 4-17-97 941 328-5127