

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

440224

(4)

BEST PACKERS, INC.

Principal Place of Business

111 S.HWY. 19TH
PALATKA FL 32178-8457
US

Mailing Address

P.O. BOX 1457
P.O. BOX 1457
PALATKA FL 32178-8457
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AZPIAZU, ROBERT, JR
P.O. BOX 1457
111 SOUTH HWY 19
PALATKA FL 32178

3. Date Incorporated or Qualified

11/21/1973

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

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

NAME AZPIAZU, ALFREDO

STREET ADDRESS 1122b Bronson Street

CITY-ST-ZIP Palatka, FL 32177

TITLE PD

NAME Roberto Azpiazu

STREET ADDRESS 1823 President ST

CITY-ST-ZIP Palatka, FL 32177

TITLE DS

NAME Azpiazu, Alicia

STREET ADDRESS 1823 President ST

CITY-ST-ZIP Palatka, FL 32177

TITLE VP

NAME Azpiazu, Robert JR

STREET ADDRESS 1122 Bronson SA

CITY-ST-ZIP Palatka, FL 32177

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 1457, 111 So. Hwy. 19

Palatka, FL 32178

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 1457, 111 So. Hwy. 19

Palatka, FL 32178

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P.O. Box 1457, 111 So. Hwy. 19

Palatka, FL 32178

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

P.O. Box 1457, 111 So. Hwy. 19

Palatka, FL 32178

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

14. I 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: Robert Azpiazu SIGNATURE REQUIRED

4-27-99 904-3284542

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90063 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)