

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 15 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                            |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northrup</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

DOCUMENT # **555622** (0)  
1. Corporation Name  
**INTRA-COASTAL PACKING, INC.**

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3222 S. MILITARY TRAIL<br/>LAKE WORTH FL 33463<br/>US</b> | Mailing Address<br><b>3222 S. MILITARY TRAIL<br/>LAKE WORTH FL 33463<br/>US</b> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                              |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/19/1977</b>                                                                                                       |                                       |
| 4. FEI Number<br><b>59-1765468</b>                                                                                                                           | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent  
**DUTHLER, GERALD L. DUTHLER, LORILEE  
3222 S. MILITARY TRAIL  
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent  
81 Name **LORILEE DUTHLER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3222 S MILITARY TRAIL**  
83  
84 City **LAKE WORTH** FL 85 Zip Code **33463**

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 *Lorilee Duthler* DATE **4-9-98**  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                         |
|----------------------------|-------------------------|
| TITLE                      | COB                     |
| NAME                       | DUTHLER, GERALD         |
| STREET ADDRESS             | 5004 OLD OCEAN BLVD.    |
| CITY-ST-ZIP                | OCEAN RIDGE FL          |
| TITLE                      | ST                      |
| NAME                       | DUTHLER, RUTH           |
| STREET ADDRESS             | 5004 OLD OCEAN BLVD.    |
| CITY-ST-ZIP                | OCEAN RIDGE FL          |
| TITLE                      | P                       |
| NAME                       | DUTHLER, LORILEE        |
| STREET ADDRESS             | 129 MAYFIELD RD         |
| CITY-ST-ZIP                | LANTANA FL 33462        |
| TITLE                      | D                       |
| NAME                       | RIPMA, GORDON           |
| STREET ADDRESS             | 142 PINE HILL TRAILS W. |
| CITY-ST-ZIP                | TEQUESTA FL 33469       |
| 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                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME                                              |                                                                                         |
| 1.3 STREET ADDRESS                                    |                                                                                         |
| 1.4 CITY-ST-ZIP                                       |                                                                                         |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME                                              |                                                                                         |
| 2.3 STREET ADDRESS                                    |                                                                                         |
| 2.4 CITY-ST-ZIP                                       |                                                                                         |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME                                              |                                                                                         |
| 3.3 STREET ADDRESS                                    |                                                                                         |
| 3.4 CITY-ST-ZIP                                       |                                                                                         |
| 4.1 TITLE                                             | <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                                         |
| 4.3 STREET ADDRESS                                    |                                                                                         |
| 4.4 CITY-ST-ZIP                                       |                                                                                         |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME                                              |                                                                                         |
| 5.3 STREET ADDRESS                                    |                                                                                         |
| 5.4 CITY-ST-ZIP                                       |                                                                                         |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 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: *Lorilee Duthler* 5/26/98 (561) 964-6020

CR2E034 (10/97)