(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

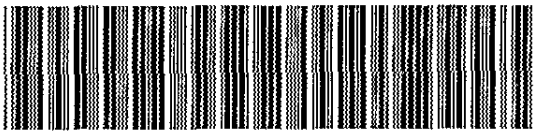
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200037713242

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION ANNUAL REPORT **1982**

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
SEP 29 10 49 AM 1982

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

558331
LIVINGSTON EXPORT PACKING INC.
1111 JACKSON PARK BOULEVARD
JACKSONVILLE, FLORIDA 32218

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address:
P.O. Box No.:
City:
State: Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 01/27/1978

4. Federal Employer Identification Number (FEIN): 59-1792190

5. Date of Last Report: 03/20/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~FRANCOLINI, GENO F.~~	~~P/D~~	~~264 TILLSON AVENUE~~	~~TILLSONBURG, CAN~~
~~WADE, A. HARRY~~	~~V/D~~	~~264 TILLSON AVENUE~~	~~TILLSONBURG, CAN~~
~~DUNCAN, R. BRIAN~~	~~S/D~~	~~264 TILLSON AVENUE~~	~~TILLSONBURG, CAN~~
Francolini, Geno F.	C/D	264 Tillson Avenue	Tillsonburg, Can
Wade, A. Harry	P/D	264 Tillson Avenue	Tillsonburg, Can
Duncan, R. Brian	S/T/D	264 Tillson Avenue	Tillsonburg, Can
Dodd, Andrew, N.	V	264 Tillson Avenue	Tillsonburg, Can

Registered Agent Information

7. Name and Address of Current Registered Agent

WEINSTEIN, IRVIN M.
1300 FLORIDA TITLE BLDG.,110 W. FORSY
JACKSONVILLE, FLORIDA 32202

8. Name and Address of New Registered Agent

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
And I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature	Date

Typed Name of Signing Officer	Title	Telephone Number
A. N. Dodd	Vice President & General Mgr.	519-842-4211

COR 529 (6-82)