(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

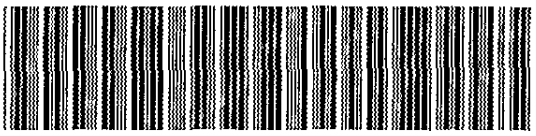
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400037713224

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED
MAR 20 1 35 PM 1981
DIVISION

1981

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office:

558331
LIVINGSTON INDUSTRIES 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: 1/27/1978
4. Federal Employer Identification Number (FEIN): 59-1797190
5. Date of Last Report: 1980

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

7. Registered Agent Information

Name
WEINSTEIN, IRVIN M.
Street Address (Do NOT Use P.O. Box Number)
1300 FLORIDA TITLE BLDG., 110 W. FORSYTH ST
City, State and Zip Code
JACKSONVILLE, FLORIDA 32202

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

8. *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. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Type or Print Name of Signing Officer	Title	Telephone Number
R. B. Duncan	Secretary-Treasurer	519-842-4211

Signature: [signature] 558331 02-10-1 Date: January 7, 1981 10:00

DO NOT WRITE IN THIS SPACE
RC 3/20/81