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(Requestor's Name)

(Address)

{Address}

(City/State/Zip/Phone #)

PICK-UP



WAIT

MAIL

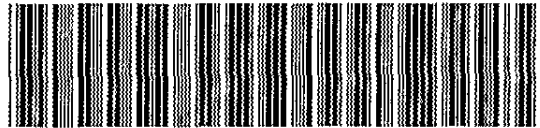
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____


Special Instructions to Filing Officer:

Office Use Only



500037713215

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

CORPORATION ANNUAL REPORT  1980 THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE	FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE FILED DEC 9 02 PM '80 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

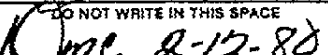
1. Name and Address of Corporation Principal Office: 558331 LIVINGSTON INDUSTRIES INC. 1111 JACKSON PARK BOULEVARD JACKSONVILLE, FLORIDA 32218 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient. Street Address _____ P.O. Box No. _____ City _____ State _____ Zip Code _____
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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	1979
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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 Presi- dent of the corporation must be filed with a fee of \$3.
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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.		
Typed Name of Signing Officer B. R. DUNCAN	Title Secretary-Treasurer	Telephone Number 519-842-4211
Signature 		Date Jan 31/80

DO NOT WRITE IN THIS SPACE 

558331 02-07-80 2 5 28 10.00