(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

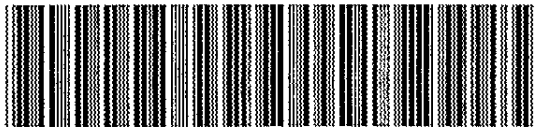
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

5 11 12 AM

OPERATIONS DIVIS
TALLAHASSEE, FLORI

1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1. Name and Address of Corporation Principal Office:

558331
LIVINGSTON INDUSTRIES INC.
1300 FLORIDA TITLE BUILDING
110 W FORSYTH STREET
JACKSONVILLE, FLORIDA 32202

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: 1111 Ineson Park Blvd.
P.O. Box No.:
City: Jacksonville
State: Florida Zip Code: 32218

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: N/A

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.	D/P	264 TILLSON AVENUE	TILLSONBURG, CAN
WADE, A. HARRY	D/V	264 TILLSON AVENUE	TILLSONBURG, CAN
~~LOGAN, THOMAS A.~~	~~D~~	~~264 TILLSON AVENUE~~	~~TILLSONBURG, CAN~~
Duncan R. Brian	D/S	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 BUILDING
City, State and Zip Code: JACKSONVILLE, FLORIDA 32202

If you wish to change Registered Agent on this form, enter all new information below.

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

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.

DO NOT WRITE IN THIS SPACE

KG 4/5/79

Typed Name of Signing Officer: B. R. Duncan
Title: Secretary Treasurer
Telephone Number: 519-842-4211
Signature: B. R. Duncan
Date: Apr 9/79

(Form COR 620) Rev. 10/25/78

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.