(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

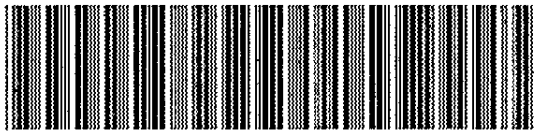
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000037713260

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1984

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

MAY 19 8:35 AM 1984

◄ 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: 1111 IMESON PARK BOULEVARD
P.O. Box No.:
City: JACKSONVILLE
State: FLORIDA
Zip: 32218

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
01/27/1976	59-1797190	04/08/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number(s))	City and State	
1	DUNCAN, BRIAN R	S/T/D	200 BROADWAY STREET	TILLSONBURG, CAN	0000
~~2~~	~~DOOD, ANDREW N~~	~~P~~	~~264 TILLSON AVENUE~~	~~TILLSONBURG, CAN~~	~~0000~~
2	WADE, HARRY A	V/D	200 BROADWAY STREET	TILLSONBURG, CAN	0000
~~X~~	~~FRANCOLINI, GENO F~~	~~S/D~~	~~200 BROADWAY STREET~~	~~TILLSONBURG, CAN~~	~~0000~~
3	OUTERSON, DAVE	D	1111 IMESON PARK BOULEVARD	JACKSONVILLE, FLA.	32218
4	FREUND, JOE S.	P/GM	264 TILLSON AVENUE	TILLSONBURG, CAN	0000

Registered Agent Information

7. Name and Address of Current Registered Agent

WEINSTEIN, IRVIN M
1300 GULF LIFE DRIVE
JACKSONVILLE, FL 32207

8. Name and Address of New Registered Agent

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

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

Signature	Date	
	FEBRUARY 14, 1984	
Typed Name of Signing Officer	**Title**	**Telephone Number**
B. R. DUNCAN	SECRETARY/TREASURER	519-842-4211

11. Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates.

COR 6201 (1 84)