(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

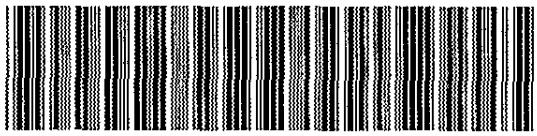
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800037713288

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

CORPORATION

ANNUAL REPORT
1986

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

1986 APR 7 PM 1:08
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

558331 5
LIVINGSTON EXPORT PACKING INC.
1111 IMESON PARK BLVD
JACKSONVILLE, FL 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 21

P O Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida	4 Federal Employer Identification Number (FEIN)	5 Date of Last Report
01/27/1978	59-1797190	04/22/1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

	1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
1	DUNCAN, BRIAN R	S/T/D	200 BROADWAY STREET	TILLSONBURG, CAN	00000
1x 2	OUTERSON, DAVE	D	1111 IMESON PARK BLVD	JACKSONVILLE, FL	00000
2x 3	XXXXXXXXXXXXXX	XXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	00000
3x 4	FREUND, JOE S	P/G/M	264 TILLSON AVE	TILLSONBURG, CAN	00000
4x 5	FABI, MARTIN	C/D	3030 ORLANDO DRIVE	MISSISSAUGA, CAN.	00000
5x 6					
6x					

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 81

Street Address (Do NOT Use P O Box Number) 82

City and State 83 FL. | Zip Code 84

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated 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 _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$35.00 additional fee required for Registered Agent changes.

CR2EC034 (11/86)

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.
(Officer signing must be listed in Block 6)

Signature	Date
	FEBRUARY 27, 1986

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. CERTIFICATE OF STATUS DESIRED ☐ **$5 Additional Fee required for a Certificate of Status**