

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra R. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 11 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000002725 (9)

1. Corporation Name

SHAPIRO PACKING COMPANY, INC.

Principal Place of Business

**P.O. BOX 119
AUGUSTA GA 30903**

Mailing Address

**P.O. BOX 119
AUGUSTA GA 30903**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

22

27. City & State

27

23. Zip

23

Country

25

28. Zip

28

Country

30

4. FEI Number

58-0525293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMENAMY, WILLIAM B
50 N. LAURA ST., STE. 2925
JACKSONVILLE FL 32202**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of new registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

SHAPIRO, HERBERT

STREET ADDRESS

3131 MONTEPELIER DR.

CITY - ST - ZIP

AUGUSTA GA 30909

TITLE

CP

NAME

BERMAN, JULIUS

STREET ADDRESS

3213 DRESDEN WAY

CITY - ST - ZIP

AUGUSTA GA 30909

TITLE

DS

NAME

SHAPIRO, NORMAN

STREET ADDRESS

3534 STEVENS WAY

CITY - ST - ZIP

AUGUSTA GA 30907

TITLE

DVT

NAME

LAFFEY, MATT

STREET ADDRESS

1015 AMSTERDAM AVE.

CITY - ST - ZIP

ATLANTA GA 30308

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR AGENT ON DIRECTOR

4/7/95 706-722-2694 ext 21