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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 30903-0119



3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

03/06/1996

4. FEI Number

58-0525293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MC MENAMY, WILLIAM B
50 N. LAURA ST., STE. 2025
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME SHAPIRO, HERBERT
STREET ADDRESS 3131 MONTPELIER DR.
CITY-ST-ZIP AUGUSTA GA 30909

TITLE CP ☒ DELETE

NAME BERMAN, JULIUS
STREET ADDRESS 3213 DRESDEN WAY
CITY-ST-ZIP AUGUSTA GA 30909

TITLE DS ☒ DELETE

NAME SHAPIRO, NORMAN
STREET ADDRESS 3534 STEVENS WAY
CITY-ST-ZIP AUGUSTA GA 30907

TITLE DVT ☒ DELETE

NAME LAFFEY, MATT
STREET ADDRESS 1803 STERLING RIDGE DR
CITY-ST-ZIP AUGUSTA GA 30901

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME President
13 STREET ADDRESS Norman Shapiro
14 CITY-ST-ZIP 3534 Stevens Way
Augusta, Georgia 30907

21 TITLE V ☐ Change ☒ Addition

22 NAME Vice President
23 STREET ADDRESS Ronald Kersh
24 CITY-ST-ZIP 410 Chicadee Lane
West Chester, Pennsylvania 19380

31 TITLE ST ☐ Change ☒ Addition

32 NAME Secretary/Treasurer
33 STREET ADDRESS John. J. Coggins
34 CITY-ST-ZIP 1220 Brentford Lane
Malvern, Pennsylvania 19151

41 TITLE CD ☐ Change ☒ Addition

42 NAME Chairman of Board/Director
43 STREET ADDRESS Jeffrey Lotman
44 CITY-ST-ZIP 7 North Delaware Ave, Pier #5, #144
Philadelphia, PA 19106

51 TITLE D ☐ Change ☒ Addition

52 NAME Director
53 STREET ADDRESS Jerome Dean
54 CITY-ST-ZIP 1110 Red Rose Lane
Villanova, PA 19085

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

4/28/97 6:10 PM

CR2E034 (9/96)