

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J12000 (2)

1. Corporation Name

SUN STATE PACKERS, INC.



Principal Place of Business

P.O. BOX 41002
JACKSONVILLE FL 32225

Mailing Address

P.O. BOX 41002
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified

04/28/1986

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt., #, etc.

Suite, Apt., #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLOEPEL, J. CHRISTOPHER
6239 NEW KINGS RD.
JACKSONVILLE FL 32209

81 Name

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

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84 City

FL

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Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 of J. Christopher Kloeppel, Registered Agent

Date Registered Agent's Signature (Month/Day/Year)

DATE

12. OFFICERS AND DIRECTORS

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P
KLOEPEL, CHRISTOPHER
7932 QUAILWOOD DRIVE
JACKSONVILLE FL
ST
ZIPARO, NORA
3901 MEADOWVIEW DRIVE W
JACKSONVILLE FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 119.07(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 Book 12 or Book 13 of the records, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature, Print Name

CR2E034 (12/95)