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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K90712 (6) 1. Corporation Name SOUTHERN CORPORATE PACKERS, INC.					
Principal Place of Business 403 E MAIN ST IMMOKALEE FL 33934 US			Mailing Address 424 NEW MARKET ROAD IMMOKALEE FL 34142		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 34142 Country 25		2a. Mailing Address 26 P.O. Box 5309 Suite, Apt. #, etc. 27 Immokalee, FL City & State 28 Zip 29 34143 Country 30 US		3. Date Incorporated or Qualified 05/25/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0125050 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	
9. Name and Address of Current Registered Agent ARRIGO, BRIAN 424 NEW MARKET ROAD IMMOKALEE FL 33934			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 resigning) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP 1. PTS ARRIGO, BRIAN 424 NEW MARKET ROAD IMMOKALEE FL 2. ☐ DELETE 3. ☐ DELETE 4. ☐ DELETE 5. ☐ DELETE 6. ☐ DELETE 7. ☐ DELETE 8. ☐ DELETE 9. ☐ DELETE 10. ☐ DELETE 11. ☐ DELETE 12. ☐ DELETE 13. ☐ DELETE 14. ☐ DELETE 15. ☐ DELETE 16. ☐ DELETE 17. ☐ DELETE 18. ☐ DELETE 19. ☐ DELETE 20. ☐ DELETE 21. ☐ DELETE 22. ☐ DELETE 23. ☐ DELETE 24. ☐ DELETE 25. ☐ DELETE 26. ☐ DELETE 27. ☐ DELETE 28. ☐ DELETE 29. ☐ DELETE 30. ☐ DELETE 31. ☐ DELETE 32. ☐ DELETE 33. ☐ DELETE 34. ☐ DELETE 35. ☐ DELETE 36. ☐ DELETE 37. ☐ DELETE 38. ☐ DELETE 39. ☐ DELETE 40. ☐ DELETE 41. ☐ DELETE 42. ☐ DELETE 43. ☐ DELETE 44. ☐ DELETE 45. ☐ DELETE 46. ☐ DELETE 47. ☐ DELETE 48. ☐ DELETE 49. ☐ DELETE 50. ☐ DELETE 51. ☐ DELETE 52. ☐ DELETE 53. ☐ DELETE 54. ☐ DELETE 55. ☐ DELETE 56. ☐ DELETE 57. ☐ DELETE 58. ☐ DELETE 59. ☐ DELETE 60. ☐ DELETE 61. ☐ DELETE 62. ☐ DELETE 63. ☐ DELETE 64. ☐ DELETE 65. ☐ DELETE 66. ☐ DELETE 67. ☐ DELETE 68. ☐ DELETE 69. ☐ DELETE 70. ☐ DELETE 71. ☐ DELETE 72. ☐ DELETE 73. ☐ DELETE 74. ☐ DELETE 75. ☐ DELETE 76. ☐ DELETE 77. ☐ DELETE 78. ☐ DELETE 79. ☐ DELETE 80. ☐ DELETE 81. ☐ DELETE 82. ☐ DELETE 83. ☐ DELETE 84. ☐ DELETE 85. ☐ DELETE 86. ☐ DELETE 87. ☐ DELETE 88. ☐ DELETE 89. ☐ DELETE 90. ☐ DELETE 91. ☐ DELETE 92. ☐ DELETE 93. ☐ DELETE 94. ☐ DELETE 95. ☐ DELETE 96. ☐ DELETE 97. ☐ DELETE 98. ☐ DELETE 99. ☐ DELETE 100. ☐ DELETE			13. 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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: <u>Brian Arrigo</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: <u>941-657-4437</u> Daytime Phone #					

CR2E034 (9/96)