

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90105 017 ***150.00

DOCUMENT # P98000046225

1. Corporation Name

THE NEW BEST PACKERS, INC.

Principal Place of Business

1122 BRANSON STREET
PALATKA FL 32178

Mailing Address

1122 BRANSON STREET
PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

593515841

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1122 BRANSON STREET

Suite, Apt. #, etc.

22 City & State

23 PALATKA, FL.

24 Zip 32178

25 Country USA

2a. Mailing Address

26 1016 CLEMONS STREET

Suite, Apt. #, etc.

27 SUITE 400 - C/O FOODS USA

28 City & State

28 JUPITER FL

29 Zip 33477

30 Country USA

9. Name and Address of Current Registered Agent

DREW, MICHAEL
1122 BRANSON STREET
PALATKA FL 32178

10. Name and Address of New Registered Agent

81 Name

MICHAEL DREW

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

1016 CLEMONS STREET

83

SUITE 400

84 City

JUPITER

FL

85 Zip Code

33477

11. Pursuant to the provisions of Sections 607.0503 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 reinstating)

3/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DREW, MICHAEL
STREET ADDRESS 1122 BRANSON STREET
CITY-ST-ZIP PALATKA FL 32178

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME MICHAEL DREW
1.3 STREET ADDRESS 1016 CLEMONS STREET
1.4 CITY-ST-ZIP JUPITER FL 33477

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

DATE

(561) 7438001

Daytime Phone #

CR2E034 (11/98)