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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20495

(5)

FILED
May 06 1997 8:00am
Secretary of State

Corporation Name	• •	
RIVER RIDGE PACKING, INC.		

Principal Place of Business Mailing Address						{				
1015 90TH STREET P. O. BOX 700 VERO BEACH FL 32961			P. O. BOX 700 VERO BEACH FL 32961-0700							
						3. Date Incorporated or Qualified 12/21/1990	3a. Date of Last Repo 03/26/1996	ort		
2. Principal Pi 21	lace of Business	2a. Mailing Ad 26	ddress			4. FEI Number 65-0234826	promote and anti-	ed For pplicable		
Suite, Apt.	<u> </u>	Suite, Apt				5. Certificate of Status Desired	See Requi			
City & State	e	City & Sta	ile			Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	<i>'</i>		
Zip 24	Country 25	7φ 29	30	Country o		8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes				
	9. Name and Address of Cur	ent Registered Age	nt			10. Name and Address of New Re	istered Agent			
	, WILLAIM C.			81	Name					
) 2ND STREET O BEACH FL 33920			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)			
				83			· #1. #1. 			
	•			84	City		FL 85 Zip Coc	e		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such cl	hange was aut	horized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	rpose of changing its re the appointment as rec	egistered gistered		
SIGNATURE	Signature, typed or printed name of registered	angus and title if any bendula	inche c	ha rayad Aar	nal ejapahus, sasui	ired when reinslating)	ξι Α ΤΕ			
12,	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	hacit i	13.	art aid is one redu	ADDITIONS/CHANGES TO OFFIC		N 12		
TITLE	PS		DELETE	1.1 1111.0	T		and the second s	Addition		
NAME	LEE, WILLIAM C.			1.2 NAME].		
STREET ADDRESS	4570 2ND. ST.			1.8 STREET	ADDRESS];		
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY - S	T-ZIP					
TITLE	D		DELETE	2.1 TITLE			Change _	Addition		
NAME	BERRY, MICHAEL F			2.2 NAME						
STREET ADDRESS	2145-15TH AVENUE			2.8 STREET	ADDRESS			İ		
CITY-ST-ZIP	VERO BEACH FL 32960			2. 4 CITY - 5	ST-ZIP					
TITLE .		<u></u>] DELETE	3.4 TITLE			L Change	Addition		
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	1			-		
CITY-ST-ZIP	***		l nei ere	3.4. CITY - S	ST-ZIP			14435		
TITLE		L.] DELETE	4.4 TITLE			Change	Addition		
NAME				4. 2 NAME		•				
STREET ADDRESS				4.8 STREET	ì					
CITY-ST-ZIP		 	DELETE	4.4 CITY - S	11-7IP		Change	Addition		
TITLE		L) DITTE	5.4 TITLE 6.0 NAME			El ouands E	Addition		
NAME OTREET ADDRESS				5.2 NAME	ADDRECC					
STREET ADDRESS				5.5 STREET						
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S 6.1 THLE	01 · ZIF		Change	Addition		
NAME		<u></u>	,	6.2 NAME						
STREET ADORESS				6.8 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S						
14. I do heret	by certify that the information supply indicated on this applied covert	lied with this filing do	es not qualify t	or the exe	mption state	d in Section 119 07(3)(i), Florida Statutes	. I further certify that the	coth: that		

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. Uturther 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; the Lam an officer or director of the corporation or the receiver on ustee endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Statute do, or on an attachment with an address.

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