

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -6 AM 9:08**

**DOCUMENT # 469899 (9)**

1. Corporation Name  
**PACKING HOUSE BY-PRODUCTS CO.**

Principal Place of Business Mailing Address  
**10400 CR 48 HOWEY-IN-THE-HILLS FL 34737** **10400 CR 48 HOWEY-IN-THE-HILLS FL 34737**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/31/1975	04/20/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		36-2085479	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS LINE PALM AVE HOWEY-IN-THE-HILLS FL 32737				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUCHER, NICK JR	12 NAME	
STREET ADDRESS	HWYS 48 & 19	13 STREET ADDRESS	
CITY - ST - ZIP	HOWEY IN THE HILLS FL	14 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUCHER, MARGARET	22 NAME	
STREET ADDRESS	HWYS 48 & 19	23 STREET ADDRESS	
CITY - ST - ZIP	HOWEY IN THE HILLS FL	24 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUCHER, ROBERT	32 NAME	
STREET ADDRESS	1105 TANGERINE AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	HOWEYINTHEHILLS FL	34 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINE, THOMAS	42 NAME	
STREET ADDRESS	1000 N LAKESHORE BLVD	43 STREET ADDRESS	
CITY - ST - ZIP	HOWEY-IN-THE-HILLS FL	44 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(b), 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, trustee, or assignee 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 otherwise attachment with an addition.

SIGNATURE: [Signature] 3/27/95 904-324-3101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 21, 1995

**MISSION SANTA CRUZ, INC.**  
% THOMAS LINE  
HWY 19 AND 48  
HOWEY IN THE HILLS, FL 32737

**SUBJECT: MISSION SANTA CRUZ, INC.**  
Ref. Number: F18936

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

An officer or director listed in block 12, block 13 or on an attachment must sign the report in block 14.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Toyanna Henderson  
Annual Report Section

Letter number: 695A00012636