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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **530178** (3)
 1. Corporation Name
MOMM'S MEATS & POPP'S PRODUCE, INC.

Principal Place of Business: **400 EAST COMPTON STREET ORLANDO FL 32806**
 Mailing Address: **400 EAST COMPTON STREET ORLANDO FL 32806**

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/28/1977**
 3a. Date of Last Report: **01/24/1994**
 4. FEI Number: **59-1707887**
 5. Certificate of Status (Local): \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199(3)(2), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DELOACH, DAVID B.
 400 EAST COMPTON STREET
 ORLANDO FL 32806**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOACH, DAVID B.	12 NAME	
STREET ADDRESS	400 EAST COMPTON STREET	13 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	14 CITY- ST- ZIP	
TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY- ST- ZIP		18 CITY- ST- ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY- ST- ZIP		22 CITY- ST- ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY- ST- ZIP		26 CITY- ST- ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY- ST- ZIP		30 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and equally for the reasons stated in Section 199(3)(2) of the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the officer or director who authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached board of directors.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR

1-10-95

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