FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # **J96984** (6)CLOVER CREEK FOODS, INC. Principal Place of Business Mailing Address 1115 OLEANDER AVENUE 1115 OLEANDER AVENUE LAKELAND FL 33801-2013 LAKELAND FL 33801-2013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1987 4, FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2851297 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 20 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BESWICK, BOB 1115 OLEANDER AVE Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33801** 63 City

FILED May 05 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable

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 life if applicable [NOTE: Registered Agent algnature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD DELETE		Change Addition
NAME	WISHARD, IVAN	1.2 NAME	
STREET ADDRESS	1318 BRYON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	PD DELETE	2.1 TITLE	Change Addition
NAME	BESWICK, BOB	2.2 NAME	
STREET ADDRESS	412 E. BELVEDERE	2.3 STREET ADDRESS	en e
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	,
CITY-ST-ZIP		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.			