

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

001101

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90086 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33098**

1. Corporation Name  
**INSTITUTION FOOD HOUSE, INC.**

Principal Place of Business PO DRAWER 1368 HICKORY NC 28603-8368	Mailing Address PO DRAWER 1368 HICKORY NC 28603-8368
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/11/1991</b>	
21		26		4. FEI Number <b>56-0851105</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
22		27		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	HATCHELL, DENNIS	
STREET ADDRESS	700 12TH STREET DRIVE NW	
CITY-ST-ZIP	HICKORY NC 28601	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KNEDLIK, RONALD W.	
STREET ADDRESS	120 4TH ST SW	
CITY-ST-ZIP	HICKORY NC	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GEORGE, BOYD L.	
STREET ADDRESS	120 4TH ST SW	
CITY-ST-ZIP	HICKORY NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORBETT, DONALD	
STREET ADDRESS	120 4TH ST SW	
CITY-ST-ZIP	HICKORY NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Dave starsfield	
1.3 STREET ADDRESS	PO Drawer 1368	
1.4 CITY-ST-ZIP	Hickory N.C. 28603-1368	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ronald W. Knedlik, Treasurer - RONALD W. KNEDLIK, TREASURER Date: 2-25-99 Daytime Phone #: 828-323-4494

CR2E034 (1/1/98)