FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90046 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90100698

DOCUMENT # P99000016018

1. Entity Name
ALPHA NATURAL FOOD COMPANY, INC.

Principal Place of Business
~~333 IMBROS AVENUE NE~~ 453 US 27N
LAKE PLACID, FL 33852
453 US HWY. 27N

Mailing Address
333 IMBROS AVENUE NE
LAKE PLACID, FL 33852

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0899785 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, GARY VAN K
~~2356 SE STONECROP ST~~ 333 IMBROS AVE NE
~~PT ST LUCIE, FL 34984~~ LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FREEMAN, GARY V K 2356 SE STONECROP ST PORT SAINT LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OK Same OK Same 333 Imbros Ave. NE LAKE PLACID, FL 33852	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREEMAN, KATHY M 2356 SE STONECROP ST PORT SAINT LUCIE, FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same same 333 Imbros Ave. NE LAKE PLACID, FL 33852	☑ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] GARY V. FREEMAN — 4/16/03 — 863-465-3980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #