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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 619299 (1)

1. Corporation Name
TRI-COUNTY FOODS, INC.



Principal Place of Business: 1707 ELM STREET SUITE E ROCKLEDGE FL 32955 US
Mailing Address: PO BOX 1719 COCOA FL 32923-1719 US

3. Date Incorporated or Qualified: 04/26/1979
3a. Date of Last Report: 04/03/1996
4. FEI Number: 59-1907723
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
SKOWRON, JOSEPH F.
126 S TWIN LAKES RD
COCOA FL 32926

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: _____

Table with 5 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City, ST, ZIP. Includes delete checkboxes.

Table with 5 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, ST, ZIP. Includes change/addition checkboxes.

14. I do 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 or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-97 (407)631-0111
Date: _____ Daytime Phone #: _____

CR2E034 (9/96)