

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L30934** (8)
1. Corporation Name
HOWARD FOODS, INC.



Principal Place of Business	Mailing Address
501 S. FALKENBERG ROAD SUITE 7D TAMPA FL 33619 US	501 S. FALKENBURG RD 1201 E. 124TH AVE TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6015 N. 56TH ST. Suite, Apt. #, etc. 22 Tampa Fl. City & State 23 33610 Zip 24 USA Country		2a. Mailing Address 26 6015 N. 56TH ST Suite, Apt. #, etc. 27 Tampa Fl. City & State 28 33610 Zip 29 USA Country		3. Date Incorporated or Qualified 10/30/1989	4. FEI Number 59-2988878	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HOWARD, JOHN 1201 EAST 124TH AVENUE TAMPA FL 33612 Deceased 1/19/98				10. Name and Address of New Registered Agent 81 Name Mary Emma Howard 82 Street Address (P.O. Box Number is Not Acceptable) 1201 E. 124th Av. 83 84 City Tampa FL 85 Zip Code 33612			
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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 **Mary Emma Howard** **Mary Emma Howard Pres.** **4/28/98**
Signature, typed for printed name of registered agent and first, last, and middle (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWARD, JOHN		1.2 NAME	Mary Emma Howard			
STREET ADDRESS	1201 EAST 124TH AVE.		1.3 STREET ADDRESS	1201 E. 124th Av.			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa Fl. 33612			
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOWARD, MARY EMMA		2.2 NAME	James R. Jones			
STREET ADDRESS	1201 EAST 124TH AVE.		2.3 STREET ADDRESS	1629 mc Charlie Rd.			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Lakeland, Fl. 33809			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE **Mary Emma Howard** **Mary Emma Howard Pres.** **4/28/98**

CR2E034 (10/97)