FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:43

DOCUMENT # 269116 (0)

1. Corporation Name
R & M FOODLINER, INC.

Principal Place of Business	Mailing Address
234 E CENTRAL AVE BLOUNTSTOWN FL 32424	717 WEST CENTRAL AVE. BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1963	3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-1010233	☐ Applied For ☐ Not Applicable
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 ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RAMSEY,JAMES RICHARD
513 W HENTZ AVE
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

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

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 _____ DATE
(Typed or printed name of registered agent and the capacity) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RAMSEY,JAMES RICHARD	12 NAME	
STREET ADDRESS	513 W HENTZ AVE	13 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☒ Change ☐ Addition
NAME	RAMSEY, ANDREW B	22 NAME	
STREET ADDRESS	705 W CENTRAL AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	24 CITY-ST-ZIP	Delete - No longer Officer
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RAMSEY,KATHLENE BOGGS	32 NAME	
STREET ADDRESS	703 W CENTRAL AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	34 CITY-ST-ZIP	
TITLE	TSD	41 TITLE	☐ Change ☐ Addition
NAME	RAMSEY, AMBROSE M.	42 NAME	
STREET ADDRESS	PEA RIDGE RD	43 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

0031700 CP