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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B: Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

WALTERS-HODZ FOODS INC

FILED
May 08 1998 8:00am
Secretary of State



						8 8	
Principal Place of Business Mailing Address						84: a.a.: aid: aid: Aid: 184:	
C/O MORRIS & MORRIS. P.A. C/O MORRIS & MORRIS. F							
3500 CARDINAL POINTE DR STÉ 1 JACKSONVILLE FL 32257		P.O. BOX 56375 JACKSONVILLE FL 32241		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualified		
					01/22/1964		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-1036474	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			Fee Required		
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Zip Country		Trust Fund Contribution	Added to Fees	
24	25				8. This corporation owes or has paid the cuftent year Intangible Personal Property Tax due June 30. Yes No		
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered		
H	ODZ, MARSHALL		8	Name			
	79 UNIVERSITY BLVD.,N.		-	0	(DO D. 11.		
	ACKSONVILLE FL 32211		8:	2) Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	totto title til ole i i		8:	3			
1			-				
		· ···································	8		# 40 (#). F I	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							
	Signature, typed or printed name of rugistated agri			gent signature req	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	HODZ, MARSHALL	☐ DELETE	1.1 TITLE]		Change Addition	
NAME	3550 SCRIMSHAW DRIVE		1.2 NAME				
STREET ADDRESS	JACKSONVILLE FL			ET ADDRESS		i	
CITY-ST-ZIP TITLE	SID	DELETE	1.4 CITY - 2.1 TITLE			Change Addition	
NAME	HODZ, ELSBETH		2.2 NAME	ſ		C Grounds C Magnion 1	
STREET ADDRESS	7824 FAWN BROOK CIR E			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY			İ	
TITLE	V	DELETE	3.1 TITLE			Change Addition	
NAME	HODZ, ELAINE		3.2 NAME			-	
STREET ADDRESS	3550 SCRIMSHAW DR		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY				
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	1		4. 2 NAM	E			
STREET ADDRESS			4.3 STREE	E1 ADDRESS			
CITY+ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST - ZIP			
TITLE	}	☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREE	et address			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

Thereby 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 exempt 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 attack from with an address.

[CLS RETIFE | Ward Care | Content | Care