

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

98 JUN -5 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 294491 (6)  
1. Corporation Name  
**GARDEN GOLD FOODS, INC.**



Principal Place of Business PO BOX 2277-13 DADE CITY FL 33526-2277-0013  
Mailing Address PO BOX 2277-13 DADE CITY FL 33526-2277-0013

3. Date Incorporated or Qualified 07/02/1965 3a. Date of Last Report 04/16/1996  
4. FEI Number 59-1583137 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 21 P.O. BOX 13 22 Suite, Apt. #, etc. 27  
23 City & State DADE CITY FL 28 City & State DADE CITY FL  
24 Zip 33526 25 Country USA 29 Zip 33526 30 Country USA

9. Name and Address of Current Registered Agent  
DINGFELDER, SIMON  
34701 TRANQUIMEW LANE P.O. BOX 13  
DADE CITY FL 33525-33526  
10. Name and Address of New Registered Agent  
81 Name SIMON L DINGFELDER  
82 Street Address (P.O. Box Number is Not Acceptable) 31830 TRILBY RD  
83  
84 City DADE CITY FL 85 Zip Code 33523

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P PRESIDENT
NAME	DINGFELDER, SIMON L	1.2 NAME	SIMON L DINGFELDER
STREET ADDRESS	475 TRANQUIMEW LANE P.O. BOX 13	1.3 STREET ADDRESS	31830 TRILBY RD
CITY-ST-ZIP	DADE CITY FL 33526	1.4 CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	TD	2.1 TITLE	
NAME	DINGFELDER, SIMON L	2.2 NAME	
STREET ADDRESS	475 TRANQUIMEW LN. P.O. BOX 13	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33526	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	DINGFELDER, SIMON L	3.2 NAME	
STREET ADDRESS	31830 TRILBY RD.	3.3 STREET ADDRESS	500002553515-9
CITY-ST-ZIP	DADE CITY, FL 33523	3.4 CITY-ST-ZIP	-06/09/98-01100-029
TITLE	TD	4.1 TITLE	
NAME	DINGFELDER, SIMON L.	4.2 NAME	
STREET ADDRESS	31830 TRILBY RD.	4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	DADE CITY, FL 33523	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	DINGFELDER, SIMON L	5.2 NAME	
STREET ADDRESS	31830 TRILBY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33523	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

CR2E034 (9/96)

TS 6/8

SIGNATURE Simon L DINGFELDER 4/2/99