

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  
Apr 29 1997 8:00am  
Secretary of State

DOCUMENT # **359970**

(1)

1. Corporation Name

**TAMPA MAID FOODS, INC.**

Principal Place of Business

Mailing Address

**1958 MONROE DRIVE, NE  
ATLANTA GA 30324**

**1958 MONROE DRIVE, NE  
ATLANTA GA 30324-4844**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

**02/20/1970**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**58-1098543**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATKINS, BILL</b>	
STREET ADDRESS	<b>1144 W GRIFFIN RD</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	
TITLE	<b>CDP</b>	<input type="checkbox"/> DELETE
NAME	<b>WATKINS, GEORGE</b>	
STREET ADDRESS	<b>1958 MONROE DR NE</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 00000</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>READY, GEORGE W JR</b>	
STREET ADDRESS	<b>1958 MONROE DR NE</b>	
CITY-ST-ZIP	<b>ATLANTA, GA 00000</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ED</b>	
STREET ADDRESS	<b>4822 ANDERSON AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>FREEMAN, WILLIAM A</b>	
STREET ADDRESS	<b>1948 MONROE DRIVE, N.E.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

SIGNATURE: **George W Ready Jr** **GEROGE W READY JR - S/T 4-23-97 (404) 872-3841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011783

CR2E034 (9/96)