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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

D	OCI	JM	IENT	#	47	26	358	
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1. Corporation Name

STURDIVENT FOODS, INC.

Principal Place	e of Business	Mailing Addr	ess			1 1001ft Binti trock toten Atibt Criet steit niter araus eines araus eines eines in	•
510 10TH ST. N		510 10TH ST. NAPLES FL 3					
Naples FL 341 Us	102	US	+102			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						06/11/1975	
2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Number Applied For	
21		26				59-1618995 Not Applicat	ole
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	:	27				Fee Required	
City & Stat	te	City & St	ate			6. Election Campaign Financing \$5.00 May Be	[
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	_	Country	/	8. This corporation owes the current year Intangible	
24	25	29		30		Personal Property Tax. Yes No	
	9. Name and Address of Curre	ent Registered Age	nt_			10. Name and Address of New Registered Agent	
AT 11	DONEST MADE D			81	Name		
	RDIVENT, MARK B.			82	Street A	Address (P.O. Box Number is Not Acceptable)	$\neg \neg$
	10TH STREET N.						
NAP	LES FL 34102			83	i		
				84	City	85 Zip Code	
					'	FL S S S S S S S S S	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, F	lorida Statute	s, the abov	e-named o	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered	d l
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agent. I a	registered agent, or both, in the Statum familiar with, and accept the oblig	gations of, Section 6	07.0505, Flori	da Statutes	the corpo s.	· · · · · · · · · · · · · · · · · · ·	_
agent.la	im familiar with, and accept the oblig	gations of, Section 6	07.0505, Flori	da Statutes	the corpo	4-26-99	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4-2649 941-263-4441)
Date Daytime Phone #