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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90118 043 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 479691 1. Corporation Name SYKES FINE FOODS, INCORPORATED

27

28

City & State

Zip

Principal Place of Business Mailing Address 113 W JEFFERSON ST 113 W JEFFERSON ST **QUINCY FL 32351** QUINCY FL 32351 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

Country Zip 25 29 24 9. Name and Address of Current Registered Agent

16-A EAST WASHINGTON STREET

CURRY, JOHN SHAW

QUINCY FL

QUINCY FL

06/26/1975 4. FEI Number 59-1615960 5. Certifcate of Status Desired

6. Election Campaign Financing

Personal Property Tax.

3. Date Incorporated or Qualifed

П Trust Fund Contribution 8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Added to Fees Yes □No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

81 et Address (P.O. Box Number is Not Acceptable)

Country

30

82	Stree
83	
84	City

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE

NAME

22

23

City & State

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE SYKES, D W 1.2 NAME NAME 434 NORTH 11TH STREET 1.3 STREET ADDRESS STREET ADDRESS QUINCY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 2.1 TITLE ☐ Change ☐ Addition TITLE SYKES, BELLE 22 NAME NAME 434 NORTH 11TH STREET 2.3 STREET ADDRESS STREET ADDRESS **QUINCY FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME SYKES, D. WENDY 3.2 NAME 434 N 11TH ST 3.3 STREET ADDRESS STREET ADDRESS

> ☐ DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE

> > DELETE

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE

3.4. CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

SIGNATURE:

2-10.99

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition