

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 481104 (8)**  
 1. Corporation Name  
**GEORGE HUDSON FOODS, INC.**



Principal Place of Business <b>1207 W. DUVAL ST. LAKE CITY FL 32055</b>	Mailing Address <b>1207 W. DUVAL ST. LAKE CITY FL 32055-3817</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1975</b>	3a. Date of Last Report <b>04/25/1996</b>
21. Suite, Apt. #, etc.	26. <b>P.O. Box 2469</b>	27. Suite, Apt. #, etc.		4. FEI Number <b>59-1604182</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State <b>LAKE CITY FL.</b>	28. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip	29. <b>32056-2469</b>	30. <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country	25. <b>USA</b>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DEROSIA, DALE W. 2900 E. BAYA AVENUE LAKE CITY FL 32055</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code <b>FL 32025</b>			

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 *Dale W. DeRosia* *Dale W. DeRosia* *1/12/97*  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P HUDSON, GEORGE H. JR</b>	1.2 NAME	
STREET ADDRESS	<b>1207 W. DUVAL ST.</b>	1.3 STREET ADDRESS	<b>P.O. Box 2469</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	1.4 CITY-ST-ZIP	<b>LAKE CITY, FL. 32056-2469</b>
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C HUDSON, GEORGE H., SR.</b>	2.1 NAME	
STREET ADDRESS	<b>1207 W. DUVAL STREET</b>	2.2 STREET ADDRESS	<b>P.O. Box 2469</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	2.3 CITY-ST-ZIP	<b>LAKE CITY, FL. 32056-2469</b>
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T DEROSIA, DALE W</b>	3.1 NAME	
STREET ADDRESS	<b>2900 E. BAYA AVE.</b>	3.2 STREET ADDRESS	<b>2900 E-Baya Ave.</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	3.3 CITY-ST-ZIP	<b>LAKE CITY, FL 32025</b>
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 NAME	
STREET ADDRESS		4.2 STREET ADDRESS	
CITY-ST-ZIP		4.3 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 NAME	
STREET ADDRESS		5.2 STREET ADDRESS	
CITY-ST-ZIP		5.3 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 NAME	
STREET ADDRESS		6.2 STREET ADDRESS	
CITY-ST-ZIP		6.3 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: *Dale W. DeRosia* *Dale W. DeRosia* *1/12/97*

CR2E034 (9/96)