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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

543110

(1)

CENTRAL FLORIDA FINER FOODS, INC.

OEMIN	AL FLONI	DA FINEN FO	און יפחסי	U.					
Principal Place of Business				Mailing Address					
5582 COMME	RCIAL BLD.			5582 COMMERCIAL BLD.					
PO DRAWER	7767			PO DRAWER 7767					DO MOS MIDITE IN SMILO ODA OF
WINTER HAVEN FL 33883-7767				WINTER HAVEN FL 33883-7767					DO NOT WRITE IN THIS SPACE
US				US					3. Date Incorporated or Qualified
2. Principal P	lace of Busin	10SS	e. Mailing Address					08/16/1977 4. FEI Number Applied For	
21			26	7					59-1765796 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					SR 75 Additional
				7					5. Certificate of Status Desired Fee Required
City & Stat	е			City & State					6. Election Campaign Financing \$5.00 May Be
23				8					Trust Fund Contribution Added to Fees
· ·	Zip Country			Zip Coun			У		8. This corporation owes or has paid the current year Intangible
24 25 25 9. Name and Address of Current F			Current Bea						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
							il -	Name	10. Hama and Addiess of New Hoyleteled Agent
			. ,				1_		
750 AVENUE L., N.W. WINTER HAVEN FL 33880				r		82	2 Street Addre		ess (P.O. Box Number is Not Acceptable)
WINTER HAVEN FL 33880							+		
						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.									
agent. I a SIGNATURE	ım familiar wi	th, and accept the	obligations	of, Section (807.0505, Flo	orida Statute	98.		, ,
SIGNATURE	Signature, typed	or print ed p anin of regis	tered agent and t	utio d'applicable	(NOI)	L: Registered Ap	ent	t signature require	od when reinstating) DATE
12.		OFFICE	RS AND DIR		-	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TATLE	PD	A		L	DELETE	1.1 TITLE			Change Addition
NAME		OTIS HAYNE				1.2 NAME			
STREET ADDRESS		NUE L, N.W.				1.3 STREE		ľ) KOU£
CITY-ST-ZIP TITLE	MINISH	HAVEN FL		···· ···· ·	DELETE	2.1 TITLE	<u>S1-</u>	7IP	Change Addition
NAME	DNEED			_	P Dict is	2.2 NAME			E cumbe E vacuum
STREET ADDRESS	4.00	***************************************	ıa			2.3 STREE	1 5	nnares	
CITY-ST-ZIP	-OLEMNIO					2. 4 City-			
TITLE	V				DELETE	3.1 TITLE	-		☐ Change ☐ Addition
NAME	MERRILL	., Gregg				3.2 NAME			
Street Address		WARD TERR N	W			3.3 \$1RE6	T AC	DDRESS	SAMO
CITY-ST-ZIP	WINTER	HAVEN FL				3.4. CITY-	S1-	- ŽIP	as parte
TITLE	S T				DELETE	4.1 TITLE			Change Addition
NAME	MERRILL					4. 2 NAME			
STREET ADDRESS		WARD TERRAC	E N.W.			4.3 STREET	1 AD	DORESS	SAMC
CITY-ST-ZIP	WINTER	HAVEN FL				4.4 CITY-5	S1-2	ZIP	
TITLE				Ŀ	DELETE	5.1 7110.8			Change Addition
NAME						5.2 NAME			
STREET ADDRESS						5 3 STREET	I AD	ODRESS	
CITY-ST-ZIP					DELETE	5.4 CITY - 5	S1-7	ZIP	Channel
TITLE				L	J DELETE	61 TITLE			Change Addition
NAME CARECA ACROSCO						6.2 NAME		nno.cc	
STREET ADDRESS						63 STREET		i	
CITY-ST-ZIP	edify that the	information supr	olied with this	s filing does	not quality fo	64 CITY-S			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									

901-069-125

FILED

Jan 20 1998 8:00am

Secretary of State