FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 592899 (9)

1. Corporation Name
B & C FOODS, INC.

Principal Place of Business	Mailing Address
1600 SOUTH STATE RD. #7 FT.LAUDERDALE FL 33317	1600 SOUTH STATE RD. #7 FT.LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 59-1862536 ☐ 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

BIGGS, CHRISTOPHER N.
1600 S STATE RD #7
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BIGGS, CHRISTOPHER N	1.2 NAME	
STREET ADDRESS	2825 SW 117TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	BIGGS, BEVERLY F	2.2 NAME	
STREET ADDRESS	2825 SW 117TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HANSEN, SUE	3.2 NAME	
STREET ADDRESS	1050 S W 52ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, JEFFERY	4.2 NAME	
STREET ADDRESS	1151 SCARBOROUGH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BIGGS, CHRISTOPHER F	5.2 NAME	
STREET ADDRESS	2825 SW 117TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BIGGS, COURTNEY J	6.2 NAME	
STREET ADDRESS	2825 SW 117TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sue Ann Hansen SUE ANN HANSEN, TREAS. 4-18-95 305-587-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0433725 FP