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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # 832920

## 1. Corporation Name MCKEE FOODS CORPORATION

Principal Place of Business	Mailing Address 10260 MCKEE RD. P.O.BOX 750 COLLEGEDALE TN 37315-7750  2a. Mailing Address		
10260 MCKEE RD. P.O.BOX 750 COLLEGEDALE TN 37315-7750			
2. Principal Place of Business			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

May 04, 1999 8:00 am Secretary of State

05-04-1999 90128 045 \*\*\*150.00



						(BK BIEK) BIBIK BIEK) BY	
Principal Place	of Business	Mailing Address					
10260 MCKEE RD. P.O.BOX 750 COLLEGEDALE TN 37315-7750		10260 MCKEE RD. P.O.BOX 750 COLLEGEDALE TN 37315-775	0		DO NOT WRITE IN T	HIS SPACE	
					08/21/1974		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			62-0450611	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Red	
City & State	<del>e</del>	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
<b>23</b> } Zip	Country	Zip	Country		8. This corporation owes the current year		71 663
24	25	29 3			Personal Property Tax.	Yes 2	XXNo
241	9. Name and Address of Current	<del></del>	1		10. Name and Address of New Registe	red Agent	
		<u> </u>	81	Name			
	CORPORATION SYSTEM		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD				Sucorrad	7035 (1.0. Dox 112.1105 15 15 15 15 15 15 15 15 15 15 15 15 15	·	
PLA	NTATION FL 33324		83				
	•		84	City		85 Zip C	ode
				L.,	•	FL	
office or n	egistered agent, or both, in the State o	t Florida. Such change was auti	nonzea by	tne corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	ppointment as rec	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	Anistered Aner	nt signatura requir	red when reinstating) DATI		
12.	OFFICERS AND		13.	n organization organi	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PHILLIPS, JOHN, JR.		1.2 NAME				
STREET ADDRESS	7161 REVERE CRCL.		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	CHATTANOOGA TN	1.		T-ZIP		·	, 
TITLE	\$ .	☐ DELETE	2.1 TITLE		,	☐ Change	☐ Addition
NAME	DAVIS, JOE W JR		2.2 NAME				
STREET ADDRESS	2115 ALTURA DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	SIGNAL MOUNTAIN.TN	□ per ette	2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	C HOVEE DELLOWOOTH	☐ DELETE	3.1 TITLE			[_] Ottarige	
NAME	MCKEE, R ELLSWORTH 7801 SNOW HILL ROAD		3.2 NAME				
STREET ADDRESS	OOLTEWAH TN		3.3 STREET ADDRESS				
CITY-ST-ZIP	T T	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
NAME	PATTERSON, BARRY S.	<u></u>	4.1 INCE				
STREET ADDRESS	9531 MOUNTAIN LAKE DR			F ADDRESS		:	
CITY-ST-ZIP	OOLTEWAH TN 37363		4.4 CITY-S		·		
TITLE	PD	☐ DELETE	5.1 TITLE		,	☐ Change	Addition
NAME	MCKEE, JACK C.	•	5.2 NAME	(	• •		

MCDONALD TN 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

9530 GLYNN DOWNING DRIVE

7747 OWL HOLLOW TRAIL SW

**OOLTEWAH TN** 

WILSON, CHARLES H.

VD

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ DELETE

4/23/99

(423)238-7111

☐ Change

Daytime Phone #