

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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**95 MAY -1 AM 9:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**900001486719  
-05/12/95--01129--018  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF REGISTRATIONS
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**DOCUMENT # 856384 (3)**

1. Corporation Name  
**UNITED STATES FOODS, INC.**

Principal Place of Business <b>111 PONCE DE LEON BLVD. P.O. BOX 1207 CLEWISTON FL 33440</b>	Mailing Address <b>111 PONCE DE LEON BLVD. P.O. BOX 1207 CLEWISTON FL 33440</b>
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3. Date Incorporated or Qualified <b>05/03/1983</b>	3a. Date of Last Report <b>02/04/1994</b>
4. FEI Number <b>59-0490750</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country

9. Name and Address of Current Registered Agent

**BUKER, ROBERT H., JR.  
111 PONCE DE LEON AVE.  
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 resigning.

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD GRACE, JERRY W. 111 PONCE DE LEON CLEWISTON FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD BUKER, ROBERT H. 111 PONCE DE LEON CLEWISTON FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

*5/1/95  
MST*

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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, as applicable, or in an addendum with an address.

**SIGNATURE:** \_\_\_\_\_ **JERRY W. GRACE** **4/12/95** **(813) 983-8121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)