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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:32

DOCUMENT # **F22489** **(1)**

1. Corporation Name
R & E FOODS, INC.

Principal Place of Business	Mailing Address
C/O RALPH SHEFFLER P.O. BOX 951358 LAKE MARY FL 32795	C/O RALPH SHEFFLER P.O. BOX 951358 LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1981
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 1750 E. Lake Mary Blvd.
Suite, Apt. #, etc. 22
City & State 23: Sanford, FL
Zip 24: 32773 Country 25: USA

2a. Mailing Address
26 P.O. Box 951358
Suite, Apt. #, etc. 27
City & State 28: Lake Mary, FL
Zip 29: 32795 Country 30: USA

4. FEI Number: 59-2065441 ☐ 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

SHEFFLER, RALPH
5301 PENN AVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: Ralph Sheffler
82 Street Address (P.O. Box Number is Not Acceptable): 1750 E. Lake Mary Boulevard
83
84 City: Sanford, FL 85 Zip Code: 32773

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: [signature] Ralph Sheffler; President/Director 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	SHEFFLER, RALPH	12 NAME	Ralph Sheffler	
STREET ADDRESS	5301 PENN AVE	13 STREET ADDRESS	1750 E. Lake Mary Blvd.	
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	Sanford, FL 32773	
TITLE	STD	21 TITLE	Sec./Treas./Director	☒ Change ☐ Addition
NAME	SHEFFLER, EDNA	22 NAME	Edna Sheffler	
STREET ADDRESS	5301 PENN AVE	23 STREET ADDRESS	1750 E. Lake Mary Blvd.	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	Sanford, FL 32773	
TITLE		31 TITLE	Vice-President/Director	☐ Change ☒ Addition
NAME		32 NAME	Scott Sheffler	
STREET ADDRESS		33 STREET ADDRESS	1750 E. Lake Mary Blvd.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Sanford, FL 32773	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: [signature] Ralph Sheffler; President/Director 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410002 FP