

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90065 037 ***150.00

DOCUMENT # F22489

1. Corporation Name
R & E FOODS, INC.

Principal Place of Business

1750 E. LAKE MARY BLVD.
P.O. BOX 951358
SANFORD FL 32773
US

Mailing Address

P. O. BOX 951358
P.O. BOX 951358
LAKE MARY FL 32795
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1981

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SHEFFLER, RALPH
1750 E. LAKE MARY BOULEVARD
SANFORD FL 32773

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

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 ☐ DELETE

NAME PD
SHEFFLER, RALPH
STREET ADDRESS 1750 E. LAKE MARY BLVD.
CITY-ST-ZIP SANFORD FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME STD
SHEFFLER, EDNA
STREET ADDRESS 1750 E. LAKE MARY BLVD.
CITY-ST-ZIP SANFORD FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VPD
SHEFFLER, SCOTT
STREET ADDRESS 1750 E. LAKE MARY BLVD.
CITY-ST-ZIP SANFORD FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VPD
GOTTFRIED, MARCI
STREET ADDRESS 1750 E. LAKE MARY BLVD
CITY-ST-ZIP SANFORD FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *[Signature]* DATE: 1-12-99 DAYTIME PHONE: 407-328-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)