


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

0429697

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90158 006 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F34637

1. Corporation Name
ALL AMERICAN FOOD EQUIPMENT SYSTEMS, INC.

Principal Place of Business 3210 WINTER LAKE ROAD UNIT 1 LAKELAND FL 33803	Mailing Address 3210 WINTER LAKE ROAD UNIT 1 LAKELAND FL 33803
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1981

4. FEI Number

59-2364280

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**BLANTON, J. ROGER
3210 WINTER LAKE RD, UNIT 1
SUITE 200
LAKELAND FL 33803**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARNSWORTH, LEE	
STREET ADDRESS	121 SHADOW LANE	
CITY-ST-ZIP	LAKELAND FL	

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BLANTON, J. ROGER	
STREET ADDRESS	3210 WINTER LAKE ROAD	
CITY-ST-ZIP	LAKELAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, ANN B.	
STREET ADDRESS	659 HOWARD AVE.	
CITY-ST-ZIP	LAKELAND FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLANTON, C. CAREY	
STREET ADDRESS	6124 WATERWOOD TRAIL	
CITY-ST-ZIP	BARTOW FL	

TITLE	TS	<input type="checkbox"/> DELETE
NAME	ENLOW, WILLIAM G	
STREET ADDRESS	1920 EDGEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Homan, Pete C.
3.4 CITY-ST-ZIP	16840 98th Way Jupiter, FL 33478

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:  **WILLIAM G. ENLOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99
Date

941. 665-1472
Daytime Phone #

CR2E034 (11/98)