

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90427 001 ***300.00

DOCUMENT # F34637

1. Entity Name

ALL AMERICAN FOOD EQUIPMENT SYSTEMS, INC.



Principal Place of Business

Mailing Address

1120 E. MAIN STREET
LAKELAND FL 33801-5133

P.O. BOX 90969
LAKELAND FL 33804-0969

2. Principal Place of Business

3. Mailing Address

424 Lake Mirror Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip
33801

Country
USA

Zip

Country

4. FEI Number

59-2364280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANTON, J. ROGER
1120 E. MAIN ST.
LAKELAND FL 33801-5133

Name

J. Roger Blanton

Street Address (P.O. Box Number is Not Acceptable)

424 Lake Mirror Drive

City

Lakeland

FL

Zip Code

33801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☒ Delete
NAME BLANTON, J. ROGER
STREET ADDRESS 3210 WINTER LAKE ROAD
CITY-ST-ZIP LAKELAND FL

TITLE CPD ☒ Change ☐ Addition
NAME BLANTON, J. ROGER
STREET ADDRESS 1722 BROKEN ARROW TR. N.
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ Delete
NAME HOMAN, PETE C
STREET ADDRESS 16840 98TH WAY
CITY-ST-ZIP JUPITER FL 33478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTS ☐ Delete
NAME BLANTON, C. CAREY
STREET ADDRESS 4905 HANCOCK LAKE RD.
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BLANTON, RICHARD H
STREET ADDRESS 828 PARK LANE
CITY-ST-ZIP MADISON GA 30650

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.12.04 863-686-4897