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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F55201

1. Corporation Name
DARIFAIR FOODS, INC.

Principal Place of Business	Mailing Address
C/O ARNOLD H. SLOTT, ESQ. 334 EAST DUVAL STREET JACKSONVILLE FL 32202	C/O ARNOLD H. SLOTT, ESQ. 334 EAST DUVAL STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Timothy L. Flanagan Suite, Apt. #, etc. 22 1548 Lancaster Terrace City & State 23 Jacksonville, FL Zip 24 32204 Country 25	2a. Mailing Address 26 c/o Timothy L. Flanagan Suite, Apt. #, etc. 27 1548 Lancaster Terrace City & State 28 Jacksonville, Florida Zip 29 32204 Country 30

3. Date Incorporated or Qualified: 11/18/1981

4. FEI Number: 51-2135285 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLOTT, ARNOLD H. 334 EAST DUVAL STREET JACKSONVILLE FL 32202	81 Name: Timothy L. Flanagan 82 Street Address (P.O. Box Number is Not Acceptable): 1548 Lancaster Terrace 83 84 City: Jacksonville FL 85 Zip Code: 32204

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: Timothy L Flanagan — 4/19/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS BLOCK, MAX 2737 ESTATES LN. JACKSONVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director & Chairman of the Board Max Block 2737 Estates Lane Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLOCK, BEVERLY 2737 ESTATES LANE JACKSONVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director/President Andrew M. Block 2960 Hartley Road W. Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLOCK, WILLIAM A. 2960 HARTLEY RD W JACKSONVILLE FL 32257	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director/Vice President/ Secretary William A. Block 2960 Hartley Road W. Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLOCK, ANDREW M. 2960 HARTLEY RD W JACKSONVILLE FL 32257	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Assistant Vice President Beverly Block 2737 Estates Lane Jacksonville, FL 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ 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] , President April 22, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)