5-13.98 B- 7279 - NC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005319 (9)

OLD DUTCH FOODS, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place	e of Business		Mailing Address						F SAULEDO 1110 IDIAS ISELE ORDIT DOUE BALLE BOUN ABURE BELON ISEA 19819 (BUL 1801)						
5410 TYSON AVENUE W			PO BOX 13376					- 1							
TAMPA FL 33611-3200			TAMPA FL 33681						DO NOT WRITE IN THIS SPACE						
			US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
											Channen				
Principal Di	loop of Busine		1 0-	Mailing Address						11/22/1993 El Number				Applied	Г
2. Principal Place of Business									M4.				_ 	Not App	-
Suite, Apt. #, etc.				Suite, Apt. #, etc.						16-0823534			 1	Additio	
22				27					5 . C	Certificate of Status D	esired			Require	
City & State				City & State						lection Campaign Fi	nanaina			О Мау	
23			28					- 1		rust Fund Contribution	_			d to Fee	
Zip		Country		Zip	TCc	ountry	,			his corporation owes					
24	2	اً ا	29	,	30	·	•	- 1		Personal Property Tax	,	_	Yes	☐ No	
		nd Address of Current I		ered Agent	.1991.	T-				Name and Address			Agent		
SH	ITH. RANDA	II W				81	Nan	ne				_			
3016 COLONIAL RIDGE DRIVE						82		4	- 10.0	S D		Li.			
BRANDON FL 33511							Stre	et Addres	Idress (P.O. Box Number is Not Acceptable)						
LIN UNI	ALDON I E	NOT1				83									
							<u> </u>	 					<u></u>		
						84	City	,				FL	85 Z	p Code	
11 Pursuant	to the provisio	ns of Sections 607.0502	end 60	7 1508 Florida Statu	ites the	above	l e-nam	ed corpor	ration	submits this stateme	nt for the	purpose of	changing	its regi	stered
office or re	egistored age	nt, or both, in the State of i, and accept the obligation	Florid	a Such change was	authoriz	ed by	the c	corporation	n's bo	ard of directors. I he	reby acce	pt the app	ointment	as regist	tered
	m iamiliar with	i, and accept the obligation	ons oi,	Section 607.0505, F	iorida St	aioles	S.								
SIGNATURE	Signature, broad or	profed name of registered agent i	and little if	t applicable (NO	IF Renister	red Ane	ant akuna	ature required	when re	niostalino)		DATE			
12.	organica or Type or Co	OFFICERS AND I			13			acore required		DDITIONS/CHANGES	TO OFFI		DIRECT	ORS IN	12
TITLE	PTD			DELETE		TITLE						*	Chang		Addition
NAME SMITH, RANDALL W				1.2 N			1.2 NAME								I.
STREET ADDRESS 3016 COLONIAL RIDGE DRIVE				1.3 \$1			1.3 STREET ADORESS								
CITY-ST-ZIP BRANDON FL							1.4 CITY-ST-ZIP								1
TITLE	DVS			DELETE		TITLE	.,	1	-				☐ Chang	e 🗆	Addition
NAME	SMITH, D	AVID		•	22	NAME									1
STREET ADDRESS				2:			2.3 STREET ADDRESS								
1	CITY-ST-ZIP TAMPA FL			1			2. 4 CITY-ST-ZIP				•	,			
TITLE	80	-		DELETE		TITLE	+"						Chang	e 🗆	Addition
NAME				3			32 NAME								
STREET ADDRESS 4619 RIDGECLIFF DRIVE							3.3 STREET ADDRESS								1
CITY-ST-ZIP		N FL 33511				3 4. CITY-ST-ZIP									
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STREET ADDRESS							ADDRES	ss							
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NAME						NAME									
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CITY-ST-ZIP						CITY-S		~							
TITLE				DELETE		TITLE	11-711	 					Chang	еП	Addition
NAME				DELEGE		NAME									
							ANDRE	l							
STREET ADDRESS							ADDRES	⁵⁵							
CITY - ST - ZIP					6.4	CITY-S	1-219								

tion 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 of 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 altion or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in