

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Adams  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93055** (4)

1. Corporation Name  
**C. & M. FOODS, INC.**

Principal Place of Business Mailing Address  
**4149 MARIANA RD JAX FL 32217** **5903 NORWOOD AVE. JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/02/1982** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2222971** 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

6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **5903 NORWOOD AVE.** 26 **325 W. 70th St.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **JAX, FL.** 27 **JAX, FL.**  
City, State City, State  
23 **32208** 28 **32208**  
Zip Code Zip Code  
24 **32208** 25 **32208** 29 **32208** 30 **32208**  
Country Country

9. Name and Address of Current Registered Agent  
**CHEUNG, CHI W**  
**4149 MARIANNA RD**  
**JACKSONVILLE FL 32217**

10. Name and Address of Now Registered Agent  
81 Name **CHEUNG, CHI W.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**325 W. 70th St.**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32208**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CHEUNG, CHI W</b>
STREET ADDRESS	<b>4149 MARIANNA RD</b>
CITY ST ZIP	<b>JAX, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>CHEUNG, CHI W.</b>
13 STREET ADDRESS	<b>325 W. 70th St. JAX, FL. 32208</b>
14 CITY ST ZIP	<b>32208</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information reflected 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 or liquidator thereof, and that I am qualified 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.

SIGNATURE: \_\_\_\_\_ DATE: **4-26-95** **904-765-1817**