

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F94000001513**

1. Corporation Name
INTERBAKE FOODS INC.

Principal Place of Business
**2821 EMERYWOOD PKWY
SUITE 210
RICHMOND VA 23294-3727**

Mailing Address
**2821 EMERYWOOD PKWY
SUITE 210
RICHMOND VA 23294-3727**

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90082 037 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1994

4. FEI Number

22-1837640

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

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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	DP	<input type="checkbox"/> DELETE
NAME	BAXTER, RAYMOND A	
STREET ADDRESS	5709 ROCKPORT LANDING PLACE	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DURLACHER, PAUL D	
STREET ADDRESS	1295 DOVER CREEK LANE	
CITY-ST-ZIP	MANAKIN-SABOT VA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NIEMEYER, DONALD R	
STREET ADDRESS	13201 HOLLYHOCK CT	
CITY-ST-ZIP	RICHMOND VA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DESJARDINS, PAUL M	
STREET ADDRESS	1800 VINCENNES RD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOODLE, E.L. JR	
STREET ADDRESS	12005 HORNCastle PLACE	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, DONALD G.	
STREET ADDRESS	22 ST CLAIR AVENUE EAST	
CITY-ST-ZIP	TORONTO CA	

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Paul M Desjardins* **Paul M Desjardins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

804-576-3425

Daytime Phone #

CR2E034 (11/98)