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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000119 (5)

1. Corporation Name  
MORRISON FRESH COOKING, INC.



Principal Place of Business  
4893 RIVERDALE RD #260  
ATLANTA GA 30337

Mailing Address  
4893 RIVERDALE RD #260  
ATLANTA GA 30337-8087

3. Date Incorporated or Qualified  
01/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

63-1155967

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BEALL, SAMUEL E III	
STREET ADDRESS	4721 MORRISON DR	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MOTHERSHED, JAMES RUSSELL	
STREET ADDRESS	4721 MORRISON DR	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, PFILIP G	
STREET ADDRESS	4721 MORRISON DR	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronnie L. Tatum	
1.3 STREET ADDRESS	4893 Riverdale Rd., Suite 260	
1.4 CITY-ST-ZIP	Atlanta, GA 30337	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Craig D. Nelson	
2.3 STREET ADDRESS	4893 Riverdale Rd., Suite 260	
2.4 CITY-ST-ZIP	Atlanta, GA 30337	
3.1 TITLE	S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mitchell S. Block	
3.3 STREET ADDRESS	4893 Riverdale Rd., Suite 260	
3.4 CITY-ST-ZIP	Atlanta, GA 30337	
4.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dolph W. von Arx	
4.3 STREET ADDRESS	4951 Gulf Shore Blvd., North	
4.4 CITY-ST-ZIP	Naples, FL 33940	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	A. R. Outlaw	
5.3 STREET ADDRESS	4721 Morrison Dr.	
5.4 CITY-ST-ZIP	Mobile, AL 36609	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	E. Eugene Bishop	
6.3 STREET ADDRESS	4721 Morrison Dr.	
6.4 CITY-ST-ZIP	Mobile, AL 36609	

14. I do 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.

SIGNATURE: *Craig D. Nelson* Craig D. Nelson

(770) 991-0351

Date

Daytime Phone #

0012056

CR2E034 (9/96)