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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Feb 19, 1999 8:00 am Secretary of State

	1999		DIVISION OF C	ORPORA	TIONS	02-19-1999 90100 037 ***150.00	
DOCUMENT # F9600000250 1. Corporation Name SOUTHERN SPECIALTY BRANDS, INC.							
Principal Place of Business Mailing Address						1 1005106 till 10110 01111 00111 00111 00111 00111 00110 11001 01111 0011	
ONE FIRST AME 3100 WEST END NASHVILLE TN :		3100 WEST I	ONE FIRST AMERICAN CENTER, SUITE 1200 3100 WEST END AVE. NASHVILLE TN 37203			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 01/16/1996	
2. Principal F	Place of Business	2a. Mailing	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			62-1625343 Not Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & Stat	te	City &28	City & State			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees	
Zip	Country	Country Zip Co		Count	ry	8. This corporation owes the current year Intangible	
24	25	29		30		Personal Property Tax. Yes No	
	9. Name and Addres	ss of Current Registered A	gent			10. Name and Address of New Registered Agent	
5011	11 D 14 OV			8	1 Name		
	ALD, JACK			8	2 Street Ad	Address (P.O. Box Number is Not Acceptable)	
C/O DIXIE LILY FOODS						- Alleria - Alle	
12 N.W. 5TH PLACE							
WILLISTON FL 32696					4 City	85 Zip Code	
					' '	the company of the state of the	
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			jent signature req	quired when reinstating) DATE	
12.		FFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C		☐ DELETE	1.1 TITLE			
NAME	DAHL, DENNIS			1.2 NAM			
STREET ADDRESS	- O100 IV END IVE			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 3720	3	- DELETE	1.4 CITY		☐ Change ☐ Addition	
TITLE	DST		☐ DELETE	2.1 TITLE	ľ		
NAME	BOONE, HAROLD			2.2 NAM			
STREET ADDRESS	3100 W END AVE	_		•	ET ADDRESS	و المراجع و المراجع الم	
CITY-ST-ZIP	NASHVILLE TN 3720	3	DELETE	2. 4 CITY		☐ Change ☐ Addition	
TITLE	:		DELETE	3.1 TITLE			
NAME				3.2 NAM			
STREET ADDRESS					ETADORESS		
CITY-ST-ZIP			☐ DELETE	3.4. CITY	1	Change Addition	
TITLE			□ Dereie	4.1 TITLE			
NAME				4. 2 NAM			
STREET ADDRESS					ET ADORESS		
CITY-ST-ZIP			☐ DELETE	4.4 CITY-		☐ Change ☐ Addition	
TITLE			- DELETE	5.1 IIILE 5.2 NAM	i i	_ change notified	
NAME					ET ADDRESS		
STREET ADDRESS				5.4 CITY		,	
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
TITLE			☐ DETEIL	6.2 NAM		E Strange C Addition	
NAME							
STREET ADDRESS				6.3 STRE	ET ADDRESS		

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 received 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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

URE REQUIRED D NAME OF SIGNING OFFICER OR DIRECTOR

615-383-5001