

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90033 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000001299(4) (from 1998's return)

1. Corporation Name  
 Metropolitan Foods, Inc.

Principal Place of Business Mailing Address  
 736-D St. Andrews Rd.-Box 156 736-D St. Andrews Rd.-Box 156  
 Columbia, SC 29210 Columbia, SC 29210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 3/13/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-1868009	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Country	Zip Country		
24 25	29 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bolch, Carl Jr.	1.2 NAME	
STREET ADDRESS	300 Technology Court	1.3 STREET ADDRESS	
CITY-ST-ZIP	Smyrna, GA 30082	1.4 CITY-ST-ZIP	
TITLE	T/CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dumbacher, Robert J.	2.2 NAME	
STREET ADDRESS	300 Technology Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Smyrna, GA 30082	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lenker, Max	3.2 NAME	
STREET ADDRESS	300 Technology Court	3.3 STREET ADDRESS	
CITY-ST-ZIP	Smyrna, GA 30082	3.4 CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wood, James O.	4.2 NAME	
STREET ADDRESS	300 Technology Court	4.3 STREET ADDRESS	
CITY-ST-ZIP	Smyrna, GA 30082	4.4 CITY-ST-ZIP	
TITLE	P/CEO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stier, Robert M.	5.2 NAME	
STREET ADDRESS	300 Technology Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Smyrna, GA 30082	5.4 CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landau, Harriet	6.2 NAME	
STREET ADDRESS	300 Technology Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Smyrna, GA 30082	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: Robert J. Dumbacher Robert J. Dumbacher 4/22/99 770-431-7600 x1188  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)