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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000002411 (3)

1. Corporation Name

GOURMET AWARD FOODS SOUTHEAST, INC.

Principal Place of Business

PO BOX 410
ST. AUGUSTINE FL 32085-0410

Mailing Address

PO BOX 410
ST. AUGUSTINE FL 32085-0410

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/06/1997

4. FEI Number

59-3441681

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 C
NAME THORNE, RICHARD A
STREET ADDRESS 1750 TREE BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

TITLE DCEO
NAME PUENTE, ENRIQUE A
STREET ADDRESS 1750 TREE BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

TITLE V
NAME PATRICK, FRANK
STREET ADDRESS 1750 TREE BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

TITLE V
NAME SMITH, CLARENCE
STREET ADDRESS 1750 TREE BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

TITLE VST
NAME OISTACHER, DENNIS
STREET ADDRESS 1750 TREE BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ DELETE

TITLE AS
NAME DUNMIRE, PERRY
STREET ADDRESS 1750 TREE BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Asst Secretary
6.3 STREET ADDRESS Thomas B Wagers
6.4 CITY-ST-ZIP 1750 TREE BLVD
ST. AUGUSTINE FL 32086

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

SIGNATURE: Thomas B. Wagers Thomas B. Wagers

2/1/98 904/925-2008

CR2E034 (10/97)