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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G42392 1. Corporation Name

DOVALTY FOODS INC

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90021 002 ***150.00

RUTALI	T FOODS, INC.							
Deincipal Plac	ce of Business	Mailing Address				er bil e r film ikul	Man applicant	ien ordin endin 1881
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		6831 NARCOOSSEE RD. ORLANDO FL 32822			, DO N	OT MENTE IN	THIS SPACE	
					3. Date Incorporated or 0		THIS SPACE	
					06/07/1983	zuameo		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21					59-2304514			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status De	esired 🗌		'5 Additional Required
City & Star	te	City & State			6. Election Campaign Fin	ancing '-	\$5:	00 May Be
23		28			Trust Fund Contributio	n	Add	led to Fees
Zip	Country	Zip	Country		8. This corporation owes	the current ye	ear Intangible	
24	25	29 :	30		Personal Property Tax	·	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of	f New Regist	tered Agent	
4455	TVO DODUCT O ID		81	Name				
MEE	:KS, ROBERT G., JR. 2 GARAGAS AVE: 11751 Na	CONDESCE RD	82	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
	ANDO FL 32825 DRIANDO		83					
One	WINDO IE GEGEG DICIALION	1 L 2 7 8 8 1	83					
			84	City			FL 85 2	Zip Code
44 15	to the provisions of Sections 607.0502	and 607 1509. Elevide Statutor	the above	named come	oration submits this statement	for the purpo		ife registered
	to the provisions of Sections 607.0502					LIOI HIE PUIPC	as or changing	i ita registerea
office or r	registered agent, or both, in the State of	f Florida. Such change was au	thorized by t	he corporatio	on's board of directors. I herel	by accept the	appointment a	s registered
office or r	egistered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was au	thorized by t	he corporatio	n's board of directors. I hereb	by accept the	appointment a	s registered
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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 of supplemental amual 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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted in an attachment with an address with an other like empowered.

SIGNATURE:

401-211-1112