SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G61693** **(9)**

1. Corporation Name
HEALTH FOOD, INC.

Principal Place of Business	Mailing Address
% GEORGE KENDALL 5153 14TH ST. W. BRADENTON FL 34207	% GEORGE KENDALL 5153 14TH ST. W. BRADENTON FL 34207

3. Date Incorporated or Qualified: 10/01/1983
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21: 5153 - 14 ST W
22: Suite, Apt. #, etc:
23: City & State: BRADENTON FL
24: Zip: 34207
25: Country: MANATEE

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 59-2390395 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POPE, JOHN F
717 12TH ST W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name: MARC H FELDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 3908 - 26 ST W
83:
84 City: BRADENTON FL 85 Zip Code: 34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] DATE: 6/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	ST LEON, CLYDE J	
STREET ADDRESS	1620 PALMA SOLA BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DP	☐ DELETE
NAME	EGAN, MARK	
STREET ADDRESS	1904 19TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	☐ DELETE
NAME	SCHULTZ, CLIFFORD	
STREET ADDRESS	12302 ST. RD. 62	
CITY-ST-ZIP	PARISH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S/T/D	☒ Change ☐ Addition
12 NAME	ST LEON, CLYDE J.	
13 STREET ADDRESS	4415 - 26 ST W, #1114	
14 CITY-ST-ZIP	BRADENTON, FL 34207	
21 TITLE	P/D	☒ Change ☐ Addition
22 NAME	MARK E EGAN	
23 STREET ADDRESS	3208 CAMBRIDGE DR W	
24 CITY-ST-ZIP	BRADENTON, FL 34205	
31 TITLE	V/D	☒ Change ☐ Addition
32 NAME	CLIFFORD J. SCHULTZ	
33 STREET ADDRESS	12302 SR 62	
34 CITY-ST-ZIP	PARRISH FL 34219	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/7/96 941-756-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #