

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G79856** (2)

1. Corporation Name
HOM/MADE FOODS SALES, INC.



Principal Place of Business

Mailing Address

% DEBORAH ENGLISH
4641 FORSYTH ST
BAGDAD FL 32530
US

% DEBORAH ENGLISH
5885 HAMILTON BRIDGE RD.
MILTON FL 32570

3. Date Incorporated or Qualified 01/23/1984	3a. Date of Last Report 01/19/1995
4. FEI Number 59-2527450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLISH, DEBORAH
5885 HAMILTON BRIDGE RD.
MILTON FL 32570

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Section 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 of the person filing this report on behalf of the corporation)

(Signature of Registered Agent (signature required when not filing))

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRIS, HOWARD H.	1.2 NAME	
STREET ADDRESS	5901 HAMILTON BRIDGE RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MILTON FL	1.4 CITY, ST, ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRIS, WILLIAM D.	2.2 NAME	
STREET ADDRESS	5901 HAMILTON BRIDGE RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	MILTON FL	2.4 CITY, ST, ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, WAYNE M.	3.2 NAME	
STREET ADDRESS	5885 HAMILTON BRIDGE RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	MILTON FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

SIGNATURE

(Signature and typed or printed name of signing officer or director)

1-25-96

904(623-3845)

CR2E034 (1/1995)