

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

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
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DOCUMENT # G79856 (2)

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



Principal Place of Business % DEBORAH ENGLISH 4641 FORSYTH ST BAGDAD FL 32530 US	Mailing Address % DEBORAH ENGLISH 5885 HAMILTON BRIDGE RD. MILTON FL 32570
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>4641 Forsyth St.</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>P.O. Box 505</i> Suite, Apt. #, etc.
22 City & State 23 <i>Bagdad, Fl. 32530</i>	27 City & State 28 <i>Bagdad, Fl.</i>
24 Zip 25 <i>Santa Rosa</i>	29 Zip 30 <i>32530</i>

3. Date Incorporated or Qualified 01/23/1984	
4. FEI Number 59-2527450	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ENGLISH, DEBORAH 5885 HAMILTON BRIDGE RD. MILTON FL 32570	10. Name and Address of New Registered Agent 81 Name <i>Deborah L. English</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4641 Forsyth St.</i> 83 <i>P.O. Box 505</i> 84 City <i>Bagdad</i> FL 85 Zip Code <i>32530</i>
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11. Pursuant to the provisions of Sections 607.0507 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	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	
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	

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 in an attachment with an address.

SIGNATURE: *H. H. Burris* *2-5-98* *850-623-3845*

CR2E034 (10/97)