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

Mailing Address

18905 SAKERA RD

HUDSON FL 34667

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H99228 1. Corporation Name

Principal Place of Business

2. Principal Place of Business

18905 SAKERA RD

HUDSON FL 34667

MR. G'S FOODS, INC.

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Sa.75 Additional Fee Required		
22		City & State		<del></del>	6. Election Campaign Financing	□ \$5.00 May Be	
City & State		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	•	8. This corporation owes the curr		
24	25	29 3	0		Personal Property Tax.	☐ Yes ☐ No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name :			
GABRIELE, MICHAEL			82	82 Street Address (P.O. Box Number is Not Acceptable)			
6104 BRIGHT WATERS COURT			*-	at the second second to be a second to be a second to the second			
SPRING HILL FL 34607			83	83			
			0.4	84 City 85 Zip Code			
			1			<b>FL</b>    -	
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							
agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (1987). DATE							
12.	OFFICERS AND		13.			FICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		<b>能度於格內</b>	☐ Change ☐ Addition	
	GABRIELE, MICHAEL		1,2 NAME				
NAME	6104 BRIGHT WATERS COURT			T ADDRESS		• 7	
STREET ADDRESS	SPRING HILL FL 34607		1.4 CITY- 8			· .	
CITY-ST-ZIP	SPRING HILL PL 34007	□ DELETE	2.1 TITLE	51-ZIP		☐ Change ☐ Addition	
TITLE			2.2 NAME			_	
NAME				***************************************			
STREET ADDRESS				TADDRESS	•	!	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	ST-ZIP		☐ Change ☐ Addition	
TITLE	<b>~</b> 90 } . • • •	C) DECE IE	3.1 TITLE			Beneate Brown	
NAME			3.2 NAME		•	,	
STREET ADDRESS			3.3 STREE	TADDRESS		经有间据 用學問題 開闢	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,35, 12 (1.3) [ ] Change: WishEs Addition	
NAME			4. 2 NAME			•	
STREET ADDRESS	· · ·		4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	☐ Change ☐ Addition	
NAME			5.2 NAME		and the		
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP	F		5.4 CITY-8	ST-ZIP	15.276.78+1		
TITLE	the state of the s	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	6.00 5.00 5.00 5.00 5.00		6.2 NAME			•	
STREET ADDRESS	र्वेड हो है ।		6.3 STREE	T ADDRESS		•	
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		<u>;</u>	

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, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

02/13/1986

59-2703816

4. FEI Number

02-15-1999 90040 045 \*\*\*150.00