FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J03677 (8)

1. Corporation Name
ALLSTATE FOOD MARKETING, INC.

Principal Place of Business
2457 SILVER STAR ROAD
ORLANDO FL 32804
US

Mailing Address
2457 SILVER STAR RD
ORLANDO FL 32804-3320
US

3. Date Incorporated or Qualified: 03/12/1986
3a. Date of Last Report: 04/25/1996

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

4. FEI Number: 59-2661186 — 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
HAIRE, PAUL L
396 GILSTON CT
HEATHROW FL 32746

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 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: Paul L Haire
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HAIRE, PAUL L.	
STREET ADDRESS	396 GILSTON CT	
CITY-ST-ZIP	HEATHEOW FL	
TITLE	VPD	☒ DELETE
NAME	DUNPHY, DAVID	
STREET ADDRESS	1570 BRAE MOOR LANE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	☐ DELETE
NAME	HAIRE, H R	
STREET ADDRESS	305 EARL ST	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	STD	☐ DELETE
NAME	HAIRE, JUNE J	
STREET ADDRESS	305 EARL ST	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VPD	☐ DELETE
NAME	Shaver, Donald E.	
STREET ADDRESS	5221 Hillview Lane	
CITY-ST-ZIP	Orlando, FL 32819	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Paul L Haire SIGNATURE REQUIRED 3/31/97 407 292-2911