FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # J45124 (1)

1. Corporation Name

AMERICAN FOOD SPECIALTY SYSTEMS OF GEORGIA, INC.

Principal Place of Business
414 W. MAIN ST.
LEESBURG FL 34748
US

Mailing Address
P.O. BOX 490747
LEESBURG FL 34749-7747

3. Date Incorporated or Qualified: 12/03/1986	3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1722322	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2470 U.S. Highway 1	26 P.O. Box 6038
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Vero Beach, FL	City & State 28 Vero Beach, FL
Zip 24 32961 Country 25	Zip 29 32961-6038 Country 30

9. Name and Address of Current Registered Agent

SEWELL, STEPHEN G.
907 WEBSTER STREET
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name: Norman L. Hull
82 Street Address (P.O. Box Number is Not Acceptable): 537 North Magnolia Avenue
83
84 City: Orlando FL 85 Zip Code: 32801

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 [signature] Norman L. Hull DATE 5.31.96

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	President/Director ☒ Change ☐ Addition
NAME	BRIAN W. GILBERT	1.2 NAME	
STREET ADDRESS	414 W MAIN	1.3 STREET ADDRESS	2470 U.S. Highway 1
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32961
TITLE	STD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	GLORIA GILBERT	2.2 NAME	
STREET ADDRESS	414 W. MAIN	2.3 STREET ADDRESS	2470 U.S. Highway 1
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32961
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 6/10/96 407-5640200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)