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

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Ian 23 1998 8:00am

1	JAL REPORT		Sandra B. Mortham Secretary of State			Secretary of State			
	1998		DIVISION OF C	CORPORA	ATIONS	Secretary	or Su	ate	
DOCUI	MENT # J	47883	(O)						
FERGU	SON FOODS, INC).							
Principal Place	e of Business	Mailir	ng Address						
2483 STONEBRIDGE DR 2483 STONEBRIDGE DR									
ORANGE PARK FL 32065-5779 ORANGE PARK FL 32065-5779						DO NOT WRITE IN	THIS SPACE		_
	1					3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. M	ailing Address			12/16/1986 4. FEI Number		Applied For	1
21		26				59-2877189		Not Applicable]
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
City & State	e		ity & State		<u> </u>	6. Election Campaign Financing		00 May Be	1
Zip	Countr	28	<u> </u>	Cou	ntrv	Trust Fund Contribution 8. This corporation owes or has paid		ed to Fees	┨
24	25	29		30		Personal Property Tax due June 30		∏ No	
		ess of Current Register	ed Agent		81 Name	10. Name and Address of New Regis	itered Agent]
NEWELL, PAUL D.									
12 LAWRENCE BLVD KEYSTONE HEIGHTS FL 32656					82 Street Add	dress (P.O. Box Number is Not Acceptable)	ł	•	1
				Ī	83				1
ĺ				İ	84 City		FI 85 Z	ip Code	1
11. Pursuant	to the provisions of Sec	tions 607.0502 and 607.	1508, Florida Statut	es, the at	ove-named cor	rporation submits this statement for the pur ation's board of directors. I hereby accept t	* =	g its registered	1
agent. I a	m familiar with, and acc	cept the obligations of, S	ection 607.0505, Fig	orida Stati	ites.	ations board or directors, thereby accept t	he appointment	as registered	
SIGNATURE	Signature, typed or printed nam	e of registered agent and litte if ap	oplicable. (NOT	E: Registered	Agent signature requ	ulted when reinstating)	DATE	 .	[_
12.		FFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICER			٥
TITLE NAME	P Ferguson, Keli	EV D	☐ DELETE	1.1 TIT 1.2 NA	1		L Chang	ge Addition	1
STREET ADDRESS	2483 STONEBRID				REET ADDRESS				18
CITY - ST - ZIP	ORANGE PARK F		_		Y-ST-ZIP				Š
TITLE			DELETE	2.1 TiT	LE		Chang	ge Addition	٥
NAME				2.2 NA	1				
STREET ADDRESS					REET ADDRESS				l
CITY-ST-ZIP TITLE			DELETE	2, 4 CI 3.1 TIT	TY-ST-ZIP		Chang	ge Addition	1
NAME				3.2 NA	í				[
STREET ADDRESS				3,3 ST	REET ADDRESS				
CITY-ST-ZIP				3,4. Cf	ry-st-zip				
TITLE			DELETÉ	4.1 TIT	1		L Chang	ge Addition	}
NAME				4. 2 NA	-				ļ
STREET ADDRESS			•		REET ADDRESS]
CITY-ST-ZIP TITLE			DELETE	5,4 CIL	Y-ST-ZIP LE		Chang	ge Addition	1
NAME			-	5.2 NA					
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP				5.4 CIT	Y-ST-ZIP				
TITLE			DELETE	6.1 TIT			Chang	ge Addition	
NAME				6,2 NA	ſ			1	
STREET ADDRESS					REET ADDRESS				
CITY - ST - ZIP				■ 0.4 Ull	Y-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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: