

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

FILED
May 19 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 # J81585 (8)

1. Corporation Name
FOODS FOR THOUGHT FOOD SERVICE, INC.



Principal Place of Business 701 BUSINESS PARK BLVD WINTER GARDEN FL 34787	Mailing Address 701 BUSINESS PARK BLVD WINTER GARDEN FL 34787
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/08/1987
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2833808
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**OWENS, FRED C
 1424 COLUSO DR
 WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name **CLINT W. OWENS**
 82 Street Address (P.O. Box Number is Not Acceptable)
1424 COLUSO DRIVE
 83
 84 City **WINTER GARDEN** FL 85 Zip Code **34787**

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 *Clint W. Owens* **CLINT W. OWENS, PRESIDENT** 5-4-98

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	OWENS, FRED C.	
STREET ADDRESS	1424 COLUSO DR.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OWENS, FRED C	
STREET ADDRESS	1424 COLUSO DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OWENS, FRED C.	
STREET ADDRESS	1424 COLUSO DR	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CLINT W. OWENS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1424 COLUSO DRIVE	
1.3 STREET ADDRESS	WINTER GARDEN, FL	
1.4 CITY-ST-ZIP	34787	PRESIDENT
2.1 TITLE	BETH A. OWENS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1424 COLUSO DR.	
2.3 STREET ADDRESS	WINTER GARDEN, FL	
2.4 CITY-ST-ZIP	34787	VICE-PRESIDENT
3.1 TITLE	CLINT W. OWENS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1424 COLUSO DR.	
3.3 STREET ADDRESS	WINTER GARDEN, FL	
3.4 CITY-ST-ZIP	34787	SECRETARY + TREASURER
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE *Clint W. Owens* **CLINT W. OWENS** 4-16-98

CR2E034 (10/97)