

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90280 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J81585

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business
791 BUSINESS PARK BLVD
WINTER GARDEN FL 34787

Mailing Address
791 BUSINESS PARK BLVD
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified
07/08/1987

4. FEI Number
59-2833808

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

OWENS, CLINT W
1424 COLUSO DR
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, FRED C.	
STREET ADDRESS	1424 COLUSO DR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, FRED C	
STREET ADDRESS	1424 COLUSO DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, FRED C.	
STREET ADDRESS	1424 COLUSO DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OWENS, CLINT W.	
1.3 STREET ADDRESS	1424 COLUSO BR.	
1.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OWENS, BETH A.	
2.3 STREET ADDRESS	1424 COLUSO DRIVE	
2.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
3.1 TITLE	ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OWENS, CLINT W.	
3.3 STREET ADDRESS	1424 COLUSO DRIVE	
3.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
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, with all other like empowered.

SIGNATURE: Clint W. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 (407)654-0900
Date Daytime Phone #

CR2E034 (1/98)