FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J93979 (9)

1. Corporation Name
FLORIDA ISLAND FOODS, INC.

Principal Place of Business	Mailing Address
~~#3 HERON LANE~~ ~~FERNANDINA BEACH FL 32034~~ ~~US~~	~~5801 SHARTON DR~~ AUGUSTA GA 30909 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/21/1987	02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 520 Shurton Dr	26 520 Shurton Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Augusta GA	City & State 28
Zip / County 24 30907 / 25 US	Zip / County 29 / 30

4. FEI Number: 59-2848541 ☐ 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 taxable tangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEELE, AUSTIN S. 327 N. HERNANDO ST LAKE CITY FL 32056	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 _____ DATE
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	VD	1.1 TITLE	VSD	☑ Change ☐ Addition
NAME	BROWN, WAYNE	1.2 NAME		
STREET ADDRESS	3951 LEXINGTON PL	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARTINEZ GA	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☑ Change ☐ Addition
NAME	~~MOSES, PHILIP J.~~	2.2 NAME		
STREET ADDRESS	~~1005 EVERGREEN AVE~~ Resigned	2.3 STREET ADDRESS	VACANT	
CITY-ST-ZIP	~~LAKE CITY FL~~	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, ELIZABETH	3.2 NAME		
STREET ADDRESS	3 HERON OAKS LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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: Wayne B. Brown Wayne B. Brown Apr 15-95 706-855-9345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486764 FN