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

**PROFIT** 

**SIGNATURE:** 

May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # FOODS, INC. Principal Place of Business Mailing Address 308 COCOANUT AVE. B-2 P.O. BOX 4241 SARASOTA FL 34236 SARASOTA FL 34230 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1988 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 1235 15 65-0090283 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State SARA50TA City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 26 Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \square No Country 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CALDERON, VICTOR F. 308 COCOANUT AVE, B-2 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change CALDERON, VICTOR F. 1.2 NAME NAME 308 COCOANUT AVE B-2 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP 34236 DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-2# 6.4 CITY - ST-ZIP 14. Thereby 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, Plorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address

SIGNATURE:

SIGNATURE:

HICTORY CALDERON

**FILED** 

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