FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY 1 PM 01:17

TALLAHASSEE, FLORIDA

DOCUMENT # **K47162** **(8)**

1. Corporate Name
WEST-44 FOODS, INC.

Principal Place of Business
315 HOWELL AVE
BROOKSVILLE FL 34601-2043

Mailing Address
315 HOWELL AVE
BROOKSVILLE FL 34601-2043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1988
3a. Date of Last Report: 05/01/1994

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2917926
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. The corporation has subsidiaries or affiliates pursuant to section 607.0901 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DAVID, JOSEPH D.
315 HOWELL AVE
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent
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 section 607.0505 of the Florida Statutes, the above named corporation submits the statement of the business address of its principal office or principal place of business in the State of Florida, and the name and address of its registered agent for service of process within the State of Florida, pursuant to section 48.091 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVID, JOSEPH D.
STREET ADDRESS	315 HOWELL AVE
CITY, ST, ZIP	BROOKSVILLE FL
TITLE	D
NAME	DAVID, JUDY
STREET ADDRESS	315 HOWELL AVE
CITY, ST, ZIP	BROOKSVILLE FL

13. ADDITIONAL OFFICERS TO BE ADDED OR DELETED

TITLE ☐ Delete ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report, including any attachments, is true and does not conflict with the requirements of Section 607.0505, Florida Statutes. I further certify that I am an officer or director of the corporation or a qualified agent of the corporation and that my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes. I understand that the information as submitted to the Department of State may be filed and shall be subject to public inspection and copying under Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: 4/18/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Signed

0384324 CP