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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90023 040 ***150.00

DOCUMENT # L21272

1. Corporation Name

SOUTHWEST FLORIDA FOOD, INC.

| | | | | | | NI 418 () BIBLI BIB II | ENGIN BIBIN NEWS |
|---|--|--|--------------|---------------------------------|---|--------------------------------------|------------------|
| Principal Place of Business Mailing Address | | | | | | | |
| % HOLLY EAKIN MOODY 1107 C & S DRIVE. P.O. BOX 1805 TIFTON GA 31793 | | % HOLLY EAKIN MOODY 1107 C & S DRIVE, P.O. BOX 1005 | | DO NOT WRITE IN T | HIS SPACE | | |
| | | TIFTON GA 31793 | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 10/05/1989 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | oplied For | |
| 21 | | 26 | | 1 00 011 1000 | | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | | Additional | |
| 22 | | 27) | | | | equired | |
| City & State | | City & State | | 6. Election Campaign Financing | | May Be | |
| 23 | | 28 | | Trust Fund Contribution | | to Fees | |
| Zip | Country | Zip _ | Count | у | 8. This corporation owes the current year | | □No |
| 24 | 25 | 29 3 | 10 | | Personal Property Tax. | Yes | |
| | 9. Name and Address of Currer | t Registered Agent | 8 | 1 Namo | 10. Name and Address of New Registe | ed Agent | |
| MOO | DY, HOLLY EAKIN | | 18 | 1 Name | | | |
| | E. OAKLAND PARK BLVD. | | 82 Street Ad | | dress (P.O. Box Number is Not Acceptable) | | |
| FT. LAUDERDALE FL 33306 | | | ļ_ | | | | |
| FI. L | MODERDALE LE 22200 | | 8 | 3 | | | |
| | | | 8 | 4 City | | 85 Zip | Code |
| | 66-4607.050 | 2 and COZ 4500 Florida Statutos | the abo | va pamed co | rporation submits this statement for the purpos | | registered |
| office or n | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was aut | nonzea d | v tne comora | ation's board of directors. I hereby accept the a | ppointment as re | egistered |
| SIGNATURE | | | | | | | أ |
| | Signature, typed or printed name of registered age | | | ent signature requ | oired when reinstating) DATI | | 200 111 40 |
| _12 | | ID DIRECTORS | 13. | · | ADDITIONS/CHANGES TO OFFICER | Change | Addition |
| TITLE | PD | CORRETE | 1.1 TITLE | ļ | | ontaings | |
| NAME | HUNT, GEORGE M.D. IV | | 1.2 NAM | | | | 1 |
| STREET ADDRESS | 30 ISLA BAHIA DRIVE | | | ET ADDRESS | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | - Delete | 1.4 CITY | | | ☐ Change | Addition |
| mle | DV | ☐ DELETE | 2.1 TITLE | i i | | L_I Gridings | |
| NAME | HUNT, GEORGE M.D. III | | 2.2 NAM | | | | |
| STREET ADDRESS | 312 W 24TH ST | | 2.3 STR | ET ADDRESS | | | |
| CITY-ST-ZIP | TIFTON GA | Floriers | | -ST-ZIP | | Change | Addition |
| TITLE | STD | DELETE | 3.1 TITLE | Ì | | ∟_ change | |
| NAME | HUNT, JULIE E. | | 3.2 NAMI | | | | Ì |
| STREET ADDRESS | 312 W. 24TH STREET | • | | ET ADORESS | | | l |
| CITY-ST-ZIP | TIFTON GA | The Fre | 3.4. CITY | | | Change | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ ¢iiailge | □ Modicoll |
| NAME | | | 4. 2 NAM | [| | | ı |
| STREET ADDRESS | | | | ET ADDRESS | | | Ì |
| CITY-ST-ZIP | | | | ST-ZIP | | [] Channe | ☐ Addition ! |
| TITLE | | ☐ DELETE | 5.1 TITUE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | | | | |
| STREET ADDRESS | | | 1 | ET ADORESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | TT OLEV | |
| TITLE | } | ☐ DELETE | 6.1 TITU | ĺ | | Change | ☐ Addition |
| NAME | | | 6.2 NAM | | | | . |
| STREET ADDRESS | | | 1 | ET ADDRESS | | | į |
| CITY-ST-ZIP | | | 6.4 CITY | -ST-ZIP | | | |

CITY-ST-ZIP 14. 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:

912-382-602