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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT  1997  FLORIDA DEPAR Sendra B Secretar DIVISION OF C				i <b>ham</b> ate	May 01 1 Secreta			
	MENT # L70468 OR FOODS, INC.	3. Date incorporated or Qualified 3e. Date of Last Report						
Principal Place of Business 102 E MOODY BLYD PO BOX 1940 BUNNELL FL 32110						Mailing Address  102 E MOODY BLVD PO 80X 1940 BUNNELL FL 32110-1940		
					3. Date Incorporated or Qualified 05/04/1990	05/01/1	'	port
- 1	Place of Business	2a. Mailing Address			4. FEI Number			olied For
Suite Apt	# Glo.	26 Suite, Apt. #, etc.			59-3012203  5. Certificate of Status Desired			Applicable dditional quired
City & Stat 23	te	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 M Added to	
Ζφ <b>24</b> ]	Country 25	Z(p	30	ountry	,	Yes No	)	199.032,
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agen	<u>t</u>	
PADGETT, JAMES L.					ress (P.O. Box Number is Not Acceptab	(a)		
	SCENT CITY FL 32112				ress (F.O. Box Number is Not Acceptat	,,c,		
				B3	•			Ì
				84 City		FI 85	Zip C	ode
11. Pursuant office or i agent 1 a	to the provisions of Sections 607.0 registered agent, or both, in the Sta ani familiar with, and accept the obt	502 and 607.1508, Florida Statule of Florida. Such change waigations of, Section 607.0505,	tutes, the s authoria Florida S	above-named cor zed by the corpora tatutes.	poration submits this statement for the pation's board of directors. I hereby acception	ourpose of cha- ot the appointn	nging its nent as r	registered egistered
	Signature typed or photed name of registered a	egent and tire it applicable (NND DIRECTORS	OTE: Registe	ered Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DER	FCTOR:	S IN 12
12. Tilif	DP	DELETE		I TITLE	NODITIONS OF WIGHT OF STATE		Change	S IN 12 Addition
NAM:	PRINGLE, JAMES C. JR.		1.7	NAME				
STREET ADDRESS				STREET ADDRESS				
TILLE	CRESCENTY CITY FL	DELETE		1 CITY-ST-ZIP			Change	Addition
NAME	MILLER, LINDA I.	Access	- 1	NAME			•	
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		2.3	STREET ADDRESS				İ
CHTY - ST - ZOP	GEORGETOWN FL			4 CITY - ST - ZIP			06	Addition
HILF	V   MILLER, GERALD W.	DELETE		1 TITLE 2 NAME			Change	L Abdillon
NAME STREET ADDRESS	115 N. LAKE GEORGE DR. (	POB 120)		3 STREET ADDRESS				
CHY-SI-ZIP	GEORGETOWN FL	,,	3.4	4 CITY-ST-ZIP				
THE	AND THE RESERVE OF THE PERSON	DELETE	4.	1 TITLE	Secretary		Change	Addition 🙀
NAME				2 NAME	Emery, Connie N.			
STREET ADDRESS				3 STREET ADDRESS 4 City-St-Zip	Rt. 1. Box 31-A Bunnell, FL 32110			
GTY+ST+ AP TITLE		DELETE		1 TiTLE	AMINICAL P. L. SCIIV		Change	Addition
NAME			5.3	2 NAME				
STREET ADDRESS				3 STREET ADDRESS				
C(1) - S1 - 7(P		DELETE	-	4 CITY-ST-ZIP 1 TITLE		. 11	Change	Addition
THILE NAME	\$1.ef	LI DELETE	- 1	2 NAME		<u></u>		
STREET ADORESS				3 STREET ADDRESS				
Q:TY-ST-ZIP				4 CITY - \$T - ZIP				
14. 1 do here	by certify that the information supp	lied with this filing does not quare supplemental appual report	alify for t	he exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further cer al effect as if m	aty that l Jade und	ine der oath: that

internation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under 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.

Daylime Phone #