

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 27 PM 1:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L71458 (8)

1. Corporation Name

PAM FOODS, INC.

Principal Place of Business

**1015 S UNIVERSITY DR
PLANTATION FL 33324**

Mailing Address

**1015 S UNIVERSITY DR
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1990

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0192886

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City

25 Country

29 City

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREDERICK DRATH
1015 S. UNIVERSITY DRIVE
PLANTATION FL 33324**

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

Signature (Typed or printed name of registered agent and title if applicable)

(Typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

**PTS
DRATH, FREDERICK
1015 S UNIVERSITY DR
PLANTATION FL**

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

☐ Change ☐ Addition

11.1 TITLE

**D
DRATH, FREDERICK
1015 S UNIVERSITY DR
PLANTATION FL**

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

☐ Change ☐ Addition

11.1 TITLE

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12.2 NAME

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☐ Change ☐ Addition

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11.2 NAME

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11.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated in 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. 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 of this report or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FREDERICK DRATH

4/27/95

305-472-0157