

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90010 013 ***150.00

DOCUMENT # L74066

1. Corporation Name

CARNIVAL OF FOODS, INC.

Principal Place of Business
**9303 STATE ROAD 535
ORLANDO FL 32836-6510**

Mailing Address
**9303 STATE ROAD 535
ORLANDO FL 32836-6510**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1990

4. FEI Number

59-3019552

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. This corporation owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business
21 **4949 INTERNATIONAL DR**

2a. Mailing Address
26 **711 W. HARVARD ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **ORLANDO FL**

City & State
28 **ORLANDO FL**

Zip Country
24 **32819** 25 **USA**

Zip Country
29 **32804** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASMA, WILLIAM N.
886 S. DILLARD STREET
WINTER GARDEN FL 34787**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **FARR, O.L.**
STREET ADDRESS **9303 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **837 HADDOCK AVE**
1.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **STD** ☐ DELETE
NAME **FARR, CAROLYN**
STREET ADDRESS **9303 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **837 HADDOCK AVE**
2.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

O.L. FARR

SIGNATURE:

SIGNATURE REQUIRED

8/12/99

407-351-5032

CR2E034 (5/99)

August 12, 1999

L74066
606680-90010-12

From: Carnival of Foods Inc.
711 W. Harvard St.
Orlando FL 32804

To: Secretary of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Enclosed is the 1999 Corporation Annual Report and a check in the amount of \$ 150.00. I just received this report two days ago and have not had any correspondence with your office prior to this.

You will notice that I have changed the addresses to eliminate the old address. Although I still own that property, I have been living in another location and since that location has been empty, some of the mail has not reached me. I have changed the mailing address to my CPA's office in order that this will not happen in the future.

Thank you for your understanding.


O.L. Farr, President