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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001722

1. Corporation Name

T.G. LEE FOODS FOUNDATION, INC.

Principal Place of Business

**315 NORTH BUMBY AVENUE
ORLANDO FL 32802**

Mailing Address

**315 NORTH BUMBY AVENUE
ORLANDO FL 32802**



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/24/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3444384
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACALUSO, DEAN	1.2 NAME	
STREET ADDRESS	315 NORTH BUMBY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, HOWARD M.	2.2 NAME	
STREET ADDRESS	3600 NORTH RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, RICHARD E.	3.2 NAME	
STREET ADDRESS	3600 NORTH RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIGREW, ROBERT G.	4.2 NAME	
STREET ADDRESS	315 NORTH BUMBY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVENCROFT, THOMAS A.	5.2 NAME	
STREET ADDRESS	3600 NORTH RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITCHCOCK, CAMERON	6.2 NAME	
STREET ADDRESS	3600 NORTH RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(457)
1/5/99 894-4941 EXT 217
Date Daytime Phone #

CR2E037 (11/98)