

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 MAY -1 AM 9: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01321** (9)  
1. Corporation Name  
**U.S. FOOD & TECHNOLOGY, INC.**

Principal Place of Business Mailing Address  
**111 PONCE DE LEON AVENUE  
CLEWISTON FL 33440**

3. Date Incorporated or Qualified **03/21/1984** 3a. Date of Last Report **02/04/1994**

4. FEI Number **59-0490750** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**BUKER, ROBERT H., JR.  
111 PONCE DE LEON AVE.  
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **PTD**  
NAME **BUKER, ROBERT H JR.**  
STREET ADDRESS **111 PONCE DE LEON**  
CITY - ST - ZIP **CLEWISTON FL**

TITLE **VSD**  
NAME **GRACE, JERRY W.**  
STREET ADDRESS **111 PONCE DE LEON**  
CITY - ST - ZIP **CLEWISTON FL**

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JERRY W. GRACE** 4/12/95 (813) 983-8121

(Print Name) (Print Name)