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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01321

(9)

U.S. FOOD & TECHNOLOGY, INC.

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						-	41 B191 B191 B191 B191 B1	lii 1 <b>8 0</b> 1
111 PONCE DE LEON AVENUE 111 PONCE DE LEON AVE			ENII IE					
CLEWISTON FL 33440 CLEWISTON FL 33440			1405					
						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address						03/21/1984 4. FEI Number	d multi	and Car
21	iace of business	26	<del>-</del> 7				Applie	
Suite, Apt. #, etc. Suite, Apt. #			etc.			59-0490750	\$8.75 Add	pplicable
22	.,	27				5. Certificate of Status Desired	Fee Requi	
City & State	e	City & State				6. Election Campaign Financing	\$5.00 Ma	ny Be
23		28	28			Trust Fund Contribution	Added to F	
Zip	ρ Country Zip			ntry		8. This corporation owes or has paid the c	urrent year Intanç	jible
24						Personal Property Tax due June 30.  Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	i Agent	
BUKER, ROBERT H., JR.				81 Name				t
111 PONCE DE LEON AVE.				82 Street Addr		ss (P.O. Box Number is Not Acceptable)		
CLEWISTON FL 33440			83					
				84	City	Fi	85 Zip Cod	te
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auth</li> </ol>					-named corpo	ration submits this statement for the purpose	of changing its re	egistered
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, Regi					nt signature requirec			
12.				13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD DOREDT H ID						L Change L	_] Addition
NAME	BUKER, ROBERT H JR. 111 PONCE DE LEON		ŀ	1.2 NAME				ļ
STREET ADDRESS	O. 5.440.TOM 51			1.3 STREET ADDRESS				1
CITY-ST-ZIP TITLE	VSD			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME	GRACE, JERRY W.			2.2 NAME			C CHAINGO C	7 (100((10))
STREET ADDRESS	111 PONCE DE LEON			2.3 STREET ADDRESS				
CITY - ST - ZIP	CLEWISTON FL							
TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			3.2 NA	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS .			
CITY - ST - ZIP			3.4. CITY-ST-ZIP		r-zip			
TITLE	☐ DELETE			4.1 TITLE		10 Condition (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change _	Addition
NAME		4. 2		4. 2 NAME				
STREET ADDRESS	ss		4.3 STF	4.3 STREET ADDRESS				
CITY-ST-ZIP	44		4.4 CIT	4.4 CITY-ST-ZIP				1
TITLE		DELETE	5,1 TITLE			The state of the s	Change	Addition
NAME	5.2		5.2 NA	5.2 NAME				
STREET ADDRESS	AESS		5.3 STI	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CiT	Y-ST	- 2IP			
TITLE	L_ DELET		6.1 TITLE				☐ Change ☐	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET A	NODRESS			
				6.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
<ol><li>14. Thereby c</li></ol>	ertity that the information supplied t	with this filing does not qualify for	the exe	mpti	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further c	ertify that the info	rmation

14. I hereby certify that the information supplied with this filling 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

SIGNATURE:

Shut & StraffiRED

Robert H. Buker, Jr.

1/15/98

(941) 983-8121