FILED

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90021 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCAMO

| 1. Corporation | ST FOODS, INC. | | | | | | | |
|--|--|--|-------------------------|--------------------|--|---|---|-------------|
| Principal Place | of Business | Mailing Address | ······ | | | - 1 | il Bibli Bibli bibli bi | D)) |
| 1054 WAYS ST. TERMINAL ISLAND CA 90731 | | ONE RIVERFRONT PLACE NEWPORT KY 41071 US | | DO NOT WRITE IN TH | HIS SPACE | | | |
| US | | 00 | | | | 3. Date Incorporated or Qualifed | | |
| } | | | | | | 08/24/1984 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | _ | olied For |
| 21 | | 26 | | | | 95-0753050 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 A Fee Red | I |
| 22 | | 27 | _ | | -,-,- - | 1 | | <u> </u> |
| City & State | • | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 r Added to | |
| 23 | Country | Zip | Countr | v | | 8. This corporation owes the current year | | 71 000 |
| Zip | 25 | 29 3 | _ | , | | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Current | | | | | 10. Name and Address of New Register | ed Agent | |
| | | | 8 | 1 Name | a | | | |
| . | CORPORATION SYSTEM | | 82 | Stree | t Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 1200 S. PINE ISLAND ROAD | | | 0 | 0.00 | . Addie | | | |
| PLAN | TTATION FL 33324 | | 8: | 3 | | | | |
| A CONTRACTOR OF THE PARTY OF TH | | | 84 | 4 City | | | 85 Zip C | ode |
| } | *. | | | ' ' | | | -L - | |
| l office or r | egistered agent, or both, in the State of m familiar with, and accept the obligat | or Florida. Such change was autions of, Section 607.0505, Florid | ia Statute | s. | poratio | oration submits this statement for the purpose n's board of directors. I hereby accept the ap | pointment as rog | jistered |
| 42 | Signature, typed or printed name of registered agen OFFICERS AN | | 13. | ent signatui | a reduited | ADDITIONS/CHANGES TO OFFICERS | | RS IN 12 |
| 12. | VD OT TOLKS AL | DELETE | 1.1 TITLE | | √ . | ice President | XXChange | ☐ Addition |
| NAME | RUNKEL, JOHN | | 1.2 NAME | | | wen, Diane | | |
| STREET ADDRESS | 2356 HEATHER HILL BLVD. | | 1.3 STRE | ET ADDRES | | 480 Pinehurst Drive | | Ì |
| CITY-ST-ZIP | CINCINNATI OH | | 1.4 CITY- | ST-ZIP | ı | incinnati, OH 45244 | *************************************** | |
| TITLE | CD | X DELETE | 2.1 TITLE | | T | , | ☐ Change | Addition |
| NAME | BOGDANOVICH, JOSEPH J. | | 2.2 NAME | | | | | , |
| STREET ADDRESS | 71 SADDLEBACK ROAD | | 2.3 STRE | ET ADDRES | s | | | |
| CITY-ST-ZIP - | ROLLING HILLS CA- | . چاپي ڪچي رياد جاند | 2, 4 CITY | -ST-ZIP | <u> </u> | | | ~ ~ |
| TITLE | P - | DELETE | 3.1 TITLE | | | resident & CEO | XXChange | ☐ Addition |
| NAME | O'NEILL, DANIEL J | | 3.2 NAME | | | oringer, William C. | | |
| STREET ADDRESS | 591 LONGCHAMPS DR | • | | | | 359 Oak Ledge Court | | |
| CITY-ST-ZIP | DEVON PA 19333 | | | | | ittsburgh, PÅ 15241 | Change | Addition |
| TITLE | SD SUBSTITUTE OF THE STATE OF T | C) DETEIL | 4.1 TITLE . 4.2 NAME | | | | [] Onlange | |
| NAME | JOHNSON, CHARLES K. | | | | <u>, </u> | | | |
| STREET ADDRESS | 714 DUNCAN AVE., #1213 | | 4.3 STRE | ET ADDRES | 3 | | | |
| CITY-ST-ZIP TITLE | PITTSBURGH PA T | ☐ DELETE | 5.1 TITLE | | + | | ☐ Change | Addition |
| NAME | REYBURN, STEPHEN D | | 5.2 NAME | | | | | |
| STREET ADDRESS | 975 LAKEWAY COURT | | | ET ADDRES | ıs [| | | |
| CITY-ST-ZIP | UNION KY | | 5.4 CITY- | ST-ZIP | | | | r. |
| TITLE | D | XX DELETE | 6.1 TITLE | | \top | | Change | Addition |
| NAME | O'REILLY, ANTHONY J. F. | 23,7 | 6.2 NAME | <u>:</u> | | | | |
| STREET ADDRESS | 444 COV 644 DEL BOAR | • | 6.3 STRE | ET ADDRES | s | | | |

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

835 FOX CHAPEL ROAD

PITTSBURGH PA

(606) <u>655-5161</u>