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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000011481 (8) **DOCUMENT #** 

BR FOODS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



6604 STONINGTON DR N 6604 STONINGTON DR N **TAMPA FL 33647** TAMPA FL 33647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1992 2. Principal Place of Business 2a. Mailing Address Applied For 1715 Bartow 1560 Gulf Blud Not Applicable 59-3155151 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 23 Added to Fees Pine blas 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name REID. BRUCE E 6604 STONINGTON DR N Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33647** 63 84 City 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 1 applicable (NOTL: Registered Agont signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change REID. BRUCE E NAME 1.2 NAME <del>.0004 STONINGTON DR N</del> 1560 GULF Blvd 1.3 STREET ADDRESS STREET ADDRESS TAMPAFL 83647 Clearwater, Fl 33767 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE **REID, ROSEMARY W** 2.2 NAME NAME - 1560 GUIFBIND STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 of the receiver or trusted 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, of or an attachment with an arguess.

4-23-08

941-686-0545