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PROFIT CORPORATION **ANNUAL REPORT**

1997



Socretary of State DIVISION OF CORPORATIONS

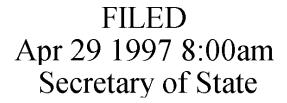
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R & D FOODS, INC.

Principal	Place	of	Business
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Mailing Address

141 S. TYNDALL PKWY





PANAMA CITY	FL 32404	PANAMA CITY FL 32404	4-6722						
`					3. Date Incorporated or Qualified 04/20/1993	1	3a. Date of Last Report 04/30/1996		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26	· · · · · · · · · · · · · · · · · · ·		59-3177387		No	t Applicable	
Sulte, Apt. 22	#, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State 28		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Count 30	гу		Yes [] No	. 199.032,	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered A	Agent		
502	Liams, Jack G Harmon ave. Iama city fl 32401		8	2 Street	Address (P.O. Box Number is Not Acceptab	ole)			
•			8			FL	85 Zip (Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Star m familiar with, and accept the obli- signature typed or printed name of registered a	te of Florida. Such change war igations of, Section 607.0505, I	s authorized l Florida Statut	oy the corp es.	corporation submits this statement for the poration's board of directors. I hereby acception to the property of the property o	ot the app	ointment as	registered	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 12	
TITLE	D	DELETE	1.1 100.0				Change	Addition	
NAME	JENKINS, ROGER D		1.2 NAM						
STREET ADDRESS	2175 FRANKFORD AVE H-20	03	13 STHE	ei address	3015 STATE AVE				
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY		PAMAMA CITY FL 32	2405			
TITLE	D	DELETÉ	2.1 1/11/				Change		
NAMÉ	JENKINS, DIANE F		2.2 NAM						
STREET ADDRESS	2175 FRANKFORD AVE H-20	13		FT ADORESS	3015 STATE AVE				
CITY-ST-ZIP TITLE	PANAMA CITY FL	DELETE	2. 4 CHY 3.1 THLE	- \$1 - ZIP	PAMAMA CITY PL 324	105	Change	Addition	
NAME			3.2 NAM		,				
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ DELE1E	4.1 TITLE				Change	Addition	
NAME			4. 2 NAN	IE					
STREET ADDRESS			4 3 \$1RE	et address					
CITY-ST-ZIP			4 4 CITY						
TITLE		☐ DELETE	51 TALE				☐ Change	☐ Addition	
NAME			5.2 NAM						
STREET ADDRESS				F1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TIBLE				Change	Addition	
NAME		52.1111	6.2 NAM					Addition	
STREET ADDRESS				ET AODRESS					
CITY-ST-ZIP			6.4 CITY						
GIT-SI-ZIP		F-5735780 Anno Anno Anno Anno Anno Anno Anno Ann	0.4 CHY	- 31 - 7 IP	140.03(0)(0) 51-51-61-1	. 17		45.	

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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