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FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000049248 (6)

1. Corporation Name

DIVINE FOODS, INC.

Principal Place of Business

Mailing Address

OAKS MALL PLAZA
6755 NEW BERRY ROAD
GAINESVILLE FL 32605
US

OAKS MALL PLAZA
6755 NEWBERRY ROAD
GAINESVILLE FL 32605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1993

4. FEI Number

59-3191701

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHAFFEY, JACK W
2735 SW 35TH PLACE
UNIT 401
GAINESVILLE FL 32608

81 Name

MAHAFFEY, JACK W

82 Street Address (P.O. Box Number is Not Acceptable)

7306 NW 52 TER

83

84 City

GAINESVILLE

FL

85 Zip Code

32653

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

Jack W Mahaffey, Pres/Director

Jack W Mahaffey

1/21/98

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D MAHAFFEY, JACK W
STREET ADDRESS 2735 SW 35TH PLACE, UNIT 401
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME D MAHAFFEY, KATHERINE R
STREET ADDRESS 2735 SW 35TH PLACE, UNIT 401
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D MAHAFFEY, JACK W ☒ Change ☐ Addition

2735 SW 35TH PLACE, UNIT 401
GAINESVILLE, FL 32608

D MAHAFFEY, KATHERINE R ☒ Change ☐ Addition

2735 SW 35TH PLACE, UNIT 401
GAINESVILLE, FL 32608

☐ Change ☐ Addition

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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.

SIGNATURE *Jack W Mahaffey*

1/21/98 7306 NW 52 TER

CR2E034 (10/97)