

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000067545 (2)**  
1. Corporation Name  
**MONTICELLO FOOD SERVICES, INC.**

Principal Place of Business  
**RT. 5, BOX 351  
PERRY FL 32347  
US**

Mailing Address  
**RT. 5 BOX 351  
PERRY FL 32347  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/28/1993</b>	
4. FEI Number <b>59-3251675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>Rt 1 Box 164-C</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Rt 1 Box 164-C</b> Suite, Apt. #, etc.
22 City & State 23 <b>Lamont, FL</b> Zip 24 <b>32336</b> Country 25 <b>Jefferson</b>	27 City & State 28 <b>Lamont, FL</b> Zip 29 <b>32336</b> Country 30 <b>Jefferson</b>

9. Name and Address of Current Registered Agent  
**ESCHENBACHER, R. J  
2061 S. BYRON BUTLER PKWY  
PERRY FL 32347**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>Rt 1 Box 164-C</b>
83
84 City <b>Lamont</b> FL 85 Zip Code <b>32336</b>

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LILLIOTT, HUGH I</b>	
STREET ADDRESS	<b>RT 5 BOX 349, SLAUGHTER RD</b>	
CITY-ST-ZIP	<b>PERRY FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, FINCHER</b>	
STREET ADDRESS	<b>2061 S. BYRON BUTLER PKWY</b>	
CITY-ST-ZIP	<b>PERRY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ESCHENBACHER, R. J</b>	
STREET ADDRESS	<b>2061 S. BYRON BUTLER PARKWAY</b>	
CITY-ST-ZIP	<b>PERRY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>Rt 1 Box 164-C</b>
2.4 CITY-ST-ZIP	<b>Lamont, FL 32336</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>Rt 1 Box 164-C</b>
3.4 CITY-ST-ZIP	<b>Lamont, FL 32336</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: **R. S. Eschenbacher**

**4/24/98 850/997-9645**

CR2E034 (10/97)