1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300080650

1. Corporation Name

WILD BOAR FOOD SERVICE INC.

Principal	Place	of	Business
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1049 HARBOR LAKE DR

Mailing Address

PO BOX 1584

May 05, 1999 8:00 am Secretary of State

05-05-1999 90203 006 ***150.00



SAFETY HARBO	RBOR FL 34695 OLDSMAR FL 34677 US				DO NOT WRITE IN THIS SPACE					
		00			3. Date Incorporated or Qualifed					
					11/16/1993					
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For			
21 Hd9 /V.	Hesperides St.	26 Sanl			59-3213288		Not Applicable			
Suite Apt.	#,etc. B	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required			
23 Ample	City & State 3/ Anpa, I. 28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
233414	Country A	Zip 30	Country	-	This corporation owes the current year Intar Personal Property Tax.	ngible Yes	□No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent				
E) /E	OC LOCEDU A		81	Name			}			
EVERS, JOSEPH A				82 Street Address (P.O. Box Number is Not Acceptable)						
	33412 CHANCEY RD ZEPHYRHILLS FL 33543									
LEFT	TIMILLO FL 33343		83							
			84	City	FL	85 2	Zip Code			
11. Pursuant i office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes, to Florida. Such change was authorions of, Section 607.0505, Florida	he above rized by Statutes.	-named the corpo	corporation submits this statement for the purpose of cloration's board of directors. I hereby accept the appoint	hanging ment a	its registered s registered			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	istered Agen	t signature re	required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND					
TITLE	CEO	☐ DELETÉ	1.1 TITLE	1		☐ Chan	ege 🗌 Addition			
NAME	EVERS, JOSEPH A		1.2 NAME				ļ			
STREET ADDRESS	33412 CHANCEY RD		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		1.4 CITY-ST	-ZIP			Addition			
TITLE	P		2.1 TITLE			Char	nge			
NAME	EVERS, BRADLEY L		2.2 NAME	ļ			ľ			
STREET ADDRESS	10743 DRUMMOND RD		2.3 STREET				j			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-S	T-ZIP		[] Chan	ge Addition			
TITLE			3.1 TITLE			Cilari	ige [] Addition			
NAME			3.2 NAME				}			
STREET ADDRESS		i	3.3 STREET				İ			
CITY-ST-ZIP		☐ DELETE	34. CITY-S	T-ZIP		☐ Chan	nge Addition			
TITLE NAME			4.2 NAME				9- 3			
STREET ADDRESS			4.2 NAME	ADDRESS						
CITY-ST-ZIP		1	4.4 CITY-ST	1						
TITLE			5.1 TITLE	- £1		Char	nge Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP		i	5.4 CITY-ST	-ZIP			ļ			
TITLE		☐ DELETE	6.1 TITLE			Char	nge 🗌 Addition			
NAME			6.2 NAME]			
STREET ADDRESS			63 STREET	ADDRESS						
CITY-ST-ZiP			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 repert 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.

SIGNATURE: