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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90269 023 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000086680**1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

FOOD FOR THOUGHT, INC.				# 100 HOUR HIND HAVE BEEN HOUSE BEEN AND HE	. 88(3) (8(8 8)(8 8)(8 8)(8 (8)(8 8)(8 (8)
Principal Place	e of Business	Mailing Address	×***		i doidt faith afèid bèidt ioint anus ione
962 BRIDLE LANE 962 BRIDLE LANE					
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
ļ				12/20/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.		59-3224201	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desired	- Fee Required ==
City & State	<u></u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ear Intangible X Yes □No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Regis	
LAURA ANN MCCREADY			82 Street	Laura Ann McCready Address (P.Q. Box Number is Not Acceptable)	
4126 BOND AVE			62 Street	162 Bridle Lane	
ROCKLEDGE FL 32955					
) 11 da-	85 Zio 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 (aprilliar with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE JULIA LAURA AND MC RODAY President Hope 19, 1447					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required				ADDITIONS/CHANGES TO OFFICE	···- o
TITLE	OFFICERS AND	D DELETE	13. 1.1 TITLE	DP	Change— Addition
NAME	LAURA ANN MCCREADY	43	1.2 NAME	Laura Ann McCready	addressonly
STREET ADDRESS	4126 BOND AVE		1.3 STREET ADDRESS	1962 Bridle Lane	
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 City-ST-ZIP	Rockledge, FL 32955	
TITLE	DT	☐ DELETE	2.1 TITLE	, ,	Change Addition
NAME	REPICKY, HEATHER J		2.2 NAME		
STREET ADDRESS	175 MARITIME PL		2.3 STREET ADDRESS		
CITY-ST-ZIP.	ROCKLEDGE FL 32955	DELETE	2.4 CITY-ST-ZIP.	ĎV	M Change ☐ Addition
NAME	MCCREADY, BRUCE E.	_,	3.2 NAME		address only
STREET ADDRESS	4126 BOND AVENUE		3.3 STREET ADDRESS	McCready, Bruce E. 1962 Bridle Lane	
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4. CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME	ing proper and recording to		.5.2 NAME		
STREET ADDRESS		Section 1	5.3 STREET ADORESS	l material and a second a second and a second a second and a second a second and a second and a second and a	
CITY-ST-ZIP	The state of the s		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	Ĭ	

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, with all other like empowered.

Cally Ulatira Ann McCready, President
Bigning officer or Director
Date SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP