

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

55 MAY 1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA B. MATTHEW
Secretary of State
Tallahassee, FL 32399-0001

DOCUMENT # P94000001812 (4)

ST. AUGUSTINE FOODS, INC.

Principal Place of Business
**WSMP DRIVE
CLAREMONT NC 2810**

Mailing Address
**POST OFFICE BOX 399
CLAREMONT NC 28610**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created **01/07/1994** 3a. Date of Last Report

4. FEI Number **59-3218609** 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. State Apt # etc 26. State 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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1208, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME President & CEO
NAME James C. Richardson, Jr.
STREET ADDRESS WSMP Dr., P. O. Box 399 n/a
CITY CLAREMONT, NC 28610
TITLE V. Pres. & Sec.
NAME Richard F. Howard
STREET ADDRESS WSMP Dr., P. O. Box 399 n/a
CITY CLAREMONT, NC 28610
TITLE V. Pres. & Asst. Sec.
NAME Bobby G. Holman
STREET ADDRESS WSMP Dr., P. O. Box 399 n/a
CITY CLAREMONT, NC 28610
NAME Asst. Treas.
NAME James W. Berry
STREET ADDRESS WSMP Dr., P. O. Box 399 n/a
CITY CLAREMONT, NC 28610
NAME Asst. Sec.
NAME Matthew Hollifield
STREET ADDRESS WSMP Dr., P. O. Box 399 n/a
CITY CLAREMONT, NC 28610

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY, ST. ZIP
2. NAME ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST. ZIP
3. NAME ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
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4. NAME ☐ Change ☐ Addition
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4. CITY, ST. ZIP
5. NAME ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST. ZIP
6. NAME ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(1)(b) Florida Statutes. I further certify that the information included 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 manager 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, on an available form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

(704) 459-7626

APPENDIX
A

$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$
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TNC INTERNATIONAL CORPORATION

2335 N.W. 107 AVE.
SUITE 2006
MIAMI FL 33172

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3. Date the contract was entered into	3a. Date of the first payment
01/07/1994	

4. FLE Number	Appearing Fee
65-0458333	Not Applicable

5. Corporate or Individual Income	0	\$8.75 Additional Fee Required
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6. <u>Hotel Tax (San Diego):</u> <u>10.00</u>	\$5.00 May Be
<u>Food & Beverage:</u> <u>10.00</u>	Added to Fees

8. The computer is not equipped with a printer. The printer is a separate device.

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WACHS, JEFFREY S
1177 S.E. 3RD AVE.
FORT LAUDERDALE FL 33316

81 Page 11 of 11

82	Street Address, if it has Number & Not A Capital
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1. *Chlorophyll a* (Chl *a*)

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[illegible] $\frac{1}{2} \left(\frac{1}{\sqrt{2}} + \frac{1}{\sqrt{2}} \right) = \frac{1}{2}$

12. DPST
LONG, ZHU
2335 N.W. 107 AVE, STE 2MO6, BOX 56
MIAMI FL 33172
V
ZHU, MING H
% 2335 N.W. 107 AVE, STE 2MO6
MIAMI FL 33172

13.

2011年12月15日 星期四

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DETENTION

6-9-91 01 4 3 3 - 1 2 3 2

0105945 CP