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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000001812 (4)

1. Corporation Name

ST. AUGUSTINE FOODS, INC.

Principal Place of Business

WSMP DRIVE  
CLAREMONT NC 2810

Mailing Address

POST OFFICE BOX 399  
CLAREMONT NC 28610-0399

3. Date Incorporated or Qualified  
01/07/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

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 s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 607.0502 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 ☐ DELETE

NAME  
PCEO  
RICHARDSON, JAMES C., JR.  
STREET ADDRESS  
WSMP DR., P.O. BOX 399 N/A  
CITY-ST-ZIP  
CLAREMONT NC

TITLE ☐ DELETE

NAME  
VPS  
HOWARD, RICHARD F.  
STREET ADDRESS  
WSMP DR., P.O. BOX 399 N/A  
CITY-ST-ZIP  
CLAREMONT NC

TITLE ☐ DELETE

NAME  
VPAS  
HOLMAN, BOBBY G.  
STREET ADDRESS  
WSMP DR., P.O. BOX 399 N/A  
CITY-ST-ZIP  
CLAREMONT NC

TITLE ☐ DELETE

NAME  
AT  
BERRY, JAMES W.  
STREET ADDRESS  
WSMP DR., P.O. BOX 399 N/A  
CITY-ST-ZIP  
CLAREMONT NC

TITLE ☐ DELETE

NAME  
AS  
HOLLIFIELD, MATTHEW  
STREET ADDRESS  
WSMP DR., P.O. BOX 399 N/A  
CITY-ST-ZIP  
CLAREMONT NC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*Matthew Hollifield*

CEO

4/21/97

704-459-9636

CR2E034 (9/96)