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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1994

4. FEI Number

59-3218609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 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

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 PCEO ☐ DELETE

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

TITLE VPS ☐ DELETE

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

TITLE VPAS ☒ DELETE

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

TITLE AT ☒ DELETE

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

TITLE AS ☒ DELETE

NAME 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 CFO ☐ Change ☒ Addition

1.2 NAME JAMES E. HARRIS  
1.3 STREET ADDRESS WSMP DRIVE  
1.4 CITY-ST-ZIP CLAREMONT NC

2.1 TITLE COO ☐ Change ☒ Addition

2.2 NAME DAVID R. CLARK  
2.3 STREET ADDRESS WSMP DRIVE  
2.4 CITY-ST-ZIP CLAREMONT, NC

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 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 in an attachment with an address.

SIGNATURE

James E. Harris

4-17-98 (202) 455-2000

CR2E034 (10/97)