

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # **P94000008817 (6)**

1. Corporation Name
FOOD HOST CORPORATION, INC.

Principal Place of Business

**621 GILBERT ST.
BRONSON FL 32621**

Mailing Address

**P.O. BOX 103
BRONSON FL 32621-0103**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1994	3a. Date of Last Report 05/01/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-3373349		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GRIFFIN, JAMES B
621 GILBERT ST.
BRONSON FL 32621**

10. Name and Address of New Registered Agent

81. Name	James B. Griffin
82. Street Address (P.O. Box Number is Not Acceptable)	721 Town Court St.
83. P.O. Box	103
84. City	Bronson
85. State	FL
86. Zip Code	32621

11. Pursuant to the provisions of Sections 607.0507 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 not a partner, officer, director, or shareholder of the corporation and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **James B. Griffin** DATE: **2/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES B	1.2 NAME	
STREET ADDRESS	621 GILBERT ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BRONSON FL 32621	1.4 CITY-STATE-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, ROSEMARIE	2.2 NAME	
STREET ADDRESS	COUNTY RD. 102	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BRONSON FL 32621	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **James B. Griffin** DATE: **2/17/97** **352-486-2229**

CR2E034 (9/96)