

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90021 028 ***550.00

DOCUMENT # **P94000040404**
Corporation Name
ABC FOOD, INC.

Principal Place of Business
**246 17TH STREET
SARASOTA FL 34235**

Mailing Address
**3246 17TH STREET
SARASOTA FL 34235**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0422636	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PATEL, JAGRUTI 3246 17TH STREET SARASOTA FL 34235				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

I, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5. TITLE	6. NAME	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
9. TITLE	10. NAME	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
13. TITLE	14. NAME	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
17. TITLE	18. NAME	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
21. TITLE	22. NAME	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

4. 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.

SIGNATURE: **PATEL, JAGRUTI** **SIGNATURE REQUIRED** **6-30-99 (941) 758 9714**

CR2E034 (5/99)