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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Secretary of State 05-04-1999 90044 049 ***150.00

FILED May 04, 1999 8:00 am

1999

DOCUMENT # P94000042270

SWEETHEART FOOD INC...

Principal Place of Business 8013 WOODVINE PLACE Mailing Address

8013 WOODVINE PLACE TAMPA FL 33615



TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/07/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 9416 Not Applicable 59-3247012 9416 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing ampa Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Zip 36/0 □ No 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TRACY, ALBERT F III Street Address (P.O. Box Number is Not Acceptable) 82 **8013 WOODVINE PLACE TAMPA FL 33615** 83 85 Zip Code 84 City 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 (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. (Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME TRACY, ALBERT F III NAME 8013 WOODVINE PL 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** 1.4 CITY-ST-ZIP CITY-ST-7IP Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME RIFAIE. ZUHAIR NAME 2103 LINCOLN AVE. S. 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 2.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change DELETE TITLE Steve Rifaie 15/06 ALEXIS DR. Tampa Ff. 33621 3.2 NAME SMITH, JOHN D. NAME STREET ADDRESS 12202 MEADOW LANE 3.3 STREET ADDRESS SAN ANTONIO FL 3.4. CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

81 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TO PE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/25/59 813503-1285

CR2E034 (11/98)

Addition

Change