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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400053025 (0)

FEED "N" STUFF, INC.

Principal Place of Business 8404 HIBISCUS ROAD FORT PIERCE FL 34951

2. Principal Place of Business

Mailing Address

2a. Mailing Address

8404 HIBISCUS ROAD FORT PIERCE FL 34951

## FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified \_\_\_\_\_\_

07/14/1994

4. FEI Number

27 7255 457457	26			65-0506898	Not Appl	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	- \$8.75 Additional Fee Required		
City & State Beach F1	City & State			Election Campaign Financing     Trust Fund Contribution	sncing \$5.00 May Be Added to Fees		
Zip Country 24 25 Indian River	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
KENNEDY, BRIAN 8404 HIBISCUS ROAD			81 Name				
			82 Street Address (P.O. Box Number is Not Acceptable)				
FORT PIERCE FL 34951			83				
			-				
			City		FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at			-named corpo	pration submits this statement for the pur		stered	
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 registored agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE .							
12. OFFICERS AND DIRECTORS 13.			nt signature require	ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·	<del></del> [§	
TITLE D	DELETE	1.1 TITLE				Addition	
NAME KENNEDY, BRIAN		1.2 NAME			-	1	
STREET ADDRESS 8404 HIBISCUS ROAD		1,3 STREET	ADDRESS				
CITY-ST-ZIP FORT PIERCE FL 34951		1,4 CITY - S	<b>I</b>			۶	
TITLE	DELETE	2.1 TITLE		· ·	Change A	Addition C	
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET	ADDRESS				
CITY-ST-ZIP		2. 4 CITY - S	ST-ZIP				
TITLE	DELETE	3.1 TITLE			∐ Change L A	Addition	
NAME		3.2 NAME	ĺ				
STREET ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP		3.4. CITY - S	IT-ZIP				
TITLE	☐ DELETE	4.1 TITLE			L Change  A	Addition	
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STREET ADDRESS		4.3 STREET	ADDRESS			ŀ	
CITY-SI-ZIP	The service	4.4 CITY - S	T-ZIP		Dhares 114	A district	
TITLE	DELETE	5.1 TITLE			L Change L A	Addition	
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET					
CiTY-ST-ZiP	☐ DELETE	5.4 CITY-S	I-ZIP		☐ Change ☐ A	Addition	
TITLE	☐ perete					adiu0ii	
NAME OTTEST I PRODUCA		6,2 NAME	ADDRECC				
STREET ADDRESS		6.3 STREET					
CITY-ST-ZIP  14. I hereby certify that the Information supplied with	this filing does not qualify for	6.4 CITY-S the exemp		Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the inform	nation	

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.

SIGNATURE:

BUM KIND EDUIRED

1-13-98

RE034 (10/97)

Applied For