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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

City-St-76

SIGNATURE:

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true at I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if chapged, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000092269 (7)

CABBAGE PATCH FOOD INC.

Principal Place of Business Mailing Address 20 MARCO LAKE DRIVE SUITE #8 20 MARCO LAKE DRIVE SUITE #8 MARCO ISLAND FL 33937 MARCO ISLAND FL 34145-3644 3a. Date of Last Report 3. Date Incorporated or Qualified 12/19/1994 04/16/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0544189 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PATAS, DENISE A 267 N COLLIER BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 MARCO ISLAND FL 33937 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 12. 13. Addition DELETE Change THILE 1.1 T(T) F WHITLEY TREVOR E. WHITLEY, TREVOR E 1.2 NAME 931 SCOTT DRIVE 705 AUSTIN CT. 1.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND EL 34145 MARCO ISLAND FL 00937 14 CITY-ST-ZIP CITY - ST DELETE Addition 21 TITLE Tit: F WHITLEY RITA WHITLEY, RITA NAME 22 NAME 931 Scott DRIVE 705 AUSTIN CT. 2.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 3 MARCO ISLAND FL 33937 TY-ST-ZIP CHTY - ST - ZIP DELETE Addition TITLE 3.1 LÉ 3.2 ME NAME STREET ADDRESS REET ADDRESS IY-ST-ZIP CITY - ST - 7IP DELETE Change Addition 41 TITLE ME NAME STREET ADDRESS EET ADDRESS CITY-ST-ZP - ST - ZIP DELETE Change Addition TITLE NAME CET ADDRESS STREET ADORESS CHY-ST-ZIP ·\$1 - 7# DELETE Change Addition TITLE

EET ADDRESS

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ocurate and that my signature shall have the same legal effect as if made under oath; that secute this report as required by Chapter 607, Florida Statutes; and that my name

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