SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

1996 SEP -3 AM 10:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

225.00

DOCUMENT # **P95000002990 (6)**

1. Corporation Name

EAGLE FOODS, INC.

Principal Place of Business	Mailing Address
4595 LEXINGTON AVE. SUITE 100 JACKSONVILLE FL 32210	4595 LEXINGTON AVE. SUITE 100 JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **01/11/1995**

3a. Date of Last Report:

4. FEI Number: **59-3316433** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 42 Sleepy Hollow Rd	26 P. O. Box 8
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: DOCTORS INLET, FL	28 City & State: DOCTORS INLET, FL
24 Zip: 32030 25 Country	29 Zip: 32030 30 Country

9. Name and Address of Current Registered Agent

MOORE, SHIRLEY A
4595 LEXINGTON AVE.
SUITE 100
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: LEWIS , RICHARD M
82 Street Address (P.O. Box Number is Not Acceptable): 225 Water Street
83 Suite 1800
84 City: JACKSONVILLE, FL 85 Zip Code: 32201

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: M. Richard Lewis, Jr. M. Richard Lewis, Jr. Aug 29, 1996
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☒ Addition
NAME	Ashby, George H. Jr.	12 NAME	
STREET ADDRESS	42 Sleepy Hollow Rd.	13 STREET ADDRESS	
CITY-ST-ZIP	Doctors Inlet, FL 32030	14 CITY-ST-ZIP	
☐ DELETE		21 TITLE	☐ Change ☒ Addition
TITLE	S & T	22 NAME	
NAME	Dill, Scott T.	23 STREET ADDRESS	
STREET ADDRESS	42 Sleepy Hollow Rd.	24 CITY-ST-ZIP	
CITY-ST-ZIP	Doctors Inlet, FL 32030		900001945989
☐ DELETE			-09/12/96--01088--009
TITLE	Director of Operations	31 TITLE	****225.00 ☐ ****225.00 Addition
NAME	Phillips, C. Terry	32 NAME	☒
STREET ADDRESS	42 Sleepy Hollow Rd.	33 STREET ADDRESS	
CITY-ST-ZIP	Doctors Inlet, FL 32030	34 CITY-ST-ZIP	
☐ DELETE		41 TITLE	☐ Change ☐ Addition
TITLE		42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY-ST-ZIP	
CITY-ST-ZIP		51 TITLE	☐ Change ☐ Addition
☐ DELETE		52 NAME	
TITLE		53 STREET ADDRESS	
NAME		54 CITY-ST-ZIP	
STREET ADDRESS		61 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP		62 NAME	
☐ DELETE		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Ashby Jr. August 15, 1996 (904)272-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number