

201892



**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90135 037 \*\*\*150.00

1. Corporation Name  
EAGLE FOODS, INC.

Principal Place of Business  
42 SLEEPY HOLLOW RD.  
DOCTORS INLET FL 32030

Mailing Address  
P.O. BOX 8  
DOCTORS INLET FL 32030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/11/1995

4. FEI Number  
**59-3316433**

Applied For
Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

LEWIS, RICHARD M  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32201

**10. Name and Address of New Registered Agent**

81	Name <b>Smith Hulsey &amp; Busey</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>225 Water Street, Suite 1800</b>
83	
84	City <b>Jacksonville</b>

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 By: M. M. M. M. M.  
Signature, name or printed name of Registered agent and title (applicable if not a Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ASHBY, GEORGE H JR.	
STREET ADDRESS	42 SLEPPY HOLLOW RD.	
CITY-ST-ZIP	DOCTORS INLET FL 32030	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	KOSCIANSKI, MARILYN	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	
CITY - ST - ZIP	DOCTORS INLET FL 32030	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST.-ZIP

3.1 TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	PERM T. ELLIOTT		
3.3 STREET ADDRESS	412 S. 1st St. Honolulu HI		
3.4 CITY-ST-ZIP	DODMAN ISLAND HI		

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

**SIGNATURE:**

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/22  
Date

Daytime Phone #

CR2F034 (11/98)