## 5-21 98 B 7795 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUÁL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98

DOCUMENT #

P95000004560 (5)

C & P FOOD CORP.	
Principal Place of Business	Mailing Address
4306 PABLO OAKS COURT JACKSONVILLE FL 32224 US	P.O. BOX 16469 JACKSONVILLE FL 32245 US
US	US

FILED May 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3288888 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Coggin, Luther 4306 PABLO OAKS COURT 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32224 83 City 85 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 Stgnature, typed or ponted name of registered agent and lifle if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Addition DELETE 1.1 TITLE Change TITLE TOMM, CHARLIE (C.B) NAME 1.2 NAME 4306 PABLO OAKS COURT STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE GALLAGHER, WILMA NAME 2.2 NAME 4306 PABLO OAKS COURT 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE POTTS, DAVID 3.2 NAME NAME 4306 PABLO OAKS COURT STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change NOBLE, NANCY D NAME 4 2 NAME 4306 PABLO OAKS COURT STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE MARLETTE, LINDA NAME 5.2 NAME 4306 PABLO OAKS COURT STREET ADDRESS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.

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