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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000018368 (7) DOCUMENT #

1. Corporation Name

11 40 4

TAMPA INNERCITY FOODS. INC.

Principal Place of Business

1207 EAST M.L. KING JR. BLVD.

Mailing Address

FILED May 05 1998 8:00am Secretary of State



(10/97

1207 EAST M.L. KING JR. BLVD. TAMPA FL 33603 TAMPA FL 33603 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3301957 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 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 SISSLE, NOBLE L JR. 1207 EAST M.L. KING JR. BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33603** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 hance of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition **SISSLE, NOBLE L JR.** NAME 1.2 NAME 1207 EAST M.L. KING JR. BLVD. STREET ADORESS 1.3 STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7/P DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME 200002511682 STREET ADDRESS 5.3 STREET ADDRESS -05/05/98--01119--028 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TILLE NAME 6.2 NAME STREET ADDRESS 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.