

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040288

1. Corporation Name

LOLA'S FOOD PRODUCTS, INCORPORATED

Principal Place of Business

3333 WALLER ST
JACKSONVILLE FL 32254
US

Mailing Address

3333 WALLER ST
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1995

4. FEI Number

59-3313624

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DEPANO, CARLOS I JR.
3333 WALLER ST
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

HENRY T. DEPANO

82 Street Address (P.O. Box Number is Not Acceptable)

3333 WALLER ST.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32205

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

Henry T. Depano

4/22/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEPANO, CARLOS I JR.	
STREET ADDRESS	7156 PRELLIE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAGSIC, REYNALDO T	
STREET ADDRESS	6314 IAN CHAD DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEPANO, HENRY T	
STREET ADDRESS	8245 VELVET SPRING LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENRY T. DEPANO	
1.3 STREET ADDRESS	8245 VELVET SPRINGS LANE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NENITA T. DEPANO	
2.3 STREET ADDRESS	7156 PRELLIE ST.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32240	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROWENA A. DEPANO	
3.3 STREET ADDRESS	8245 VELVET SPRINGS LANE	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANNIE T. DEPANO	
4.3 STREET ADDRESS	7156 PRELLIE ST.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Henry T. Depano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(904) 772 1994

Daytime Phone #

297 0097

CR2E034 (11/98)