Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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 # P95000048408

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SUWANNEE VALLEY FOODS, INC.

Principal Place of Business	Mailing Address			
RT. 1. BOX 164-C	RT. 1. BOX 164-C			
LAMONT FL 32336	LAMONT FL 32336			

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90043 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/19/1995

59-3323874

4. FEI Number

Zip Country Zip Country 8. This corporation owes the current year Intangible	23		28				Trust Fund Contribution	- U	Added to	Fees	
9. Name and Address of Curront Registered Agent ESCHENBACHER, R. J. RT. 1, BOX 164-C LAMONT FL 32336 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 agent. I amount 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 agent. I amount 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 agent. I amount 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 agent. I amount to the purpose of changing its registered agen	<u> </u>	Country	Zip		Country		8. This corporation owes the	ne current year		ma	
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### Page 1 Addition Page 1 Addition Page 2 Addition Page 3 Addition Page 4	rec:	HENDACHED D. I			81	Name					
LAMONT FL 32336 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607,1506. Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Scholing was automated by the corporation's board of directors. I hereby accept the pipolintenant as registered agent, and a major and an accept the collipations of Section 607 0505, Florida Statutes. SIGNATURE Signature types by accept the collipations of Section 607 0505, Florida Statutes. P. CHETCH Registered Agent signature required was automated by the corporation's board of directors. I hereby accept the pipolintenant as registered agent, and a major and accept the collipations of Section 607 0505, Florida Statutes. SIGNATURE Signature types by accept the collipations of Section 607 0505, Florida Statutes. SIGNATURE Signature types by accept the collipations of Section 607 0505, Florida Statutes. In the corporation submits lithis statement for the purpose of changing its registered agent and accept the collipations of Section 607 0505, Florida Statutes. SIGNATURE Signature types by accept the collipations of Section 607 0505, Florida Statutes. In the corporation submits lithis statement for the purpose of changing its registered agent and statutes. In the collipations of Statutes. In the corporation submits lithis statement for the purpose of changing its registered agent and statutes. In the collipations and statutes are submits and and statutes. In the collipations and statutes are submits and statutes. In the collipations and statutes. In the collipations accept the corporation's board of directors. In the registered Agent signature registered agent and statutes. In the collipations and statutes. In t	RT. 1, BOX 164-C				82	82 Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, typed or private name of registered agent and title if applicable. (NOTE Registered Agent signature recurred when reinstating) DATE	office or re	egistered agent or both in th	he State of Florida. Such	change was auth	onzed by i	ne corporati	poration submits this statement ion's board of directors. I hereby	y accept the app	oomment as reg	egistered jistered	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Street up better or combat come of the	pietered agent and title if applicable	(NOTE: Re	gistered Agen	signature require	ed when reinstating)	-////	٦		
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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: