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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050200 (1)

M & S FOOD AND BEVERAGE CORPORATION, INC.

Principal Place of Business Mailing Address 4420 BLANDING BLVD. 3715 MOON FLOWER ROAD JACKSONMILLE FL 32210 JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-3322687 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Perdue, Steve 3715 MOON FLOWER ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 63 84 Zip Code 11. Pursuant to the provisions of Soctions 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition PERDUE, STEVE NAME 12 NAME CR2E034 3715 MOON FLOWER ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-7IP 1.4 City - St - 7)P DELETE Addition Change TITLE 2.1 TITLE HOWELL, MIKE NAME 22 NAME 5568 LAMOYA AVENUE, SUITE A-3 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 2.4 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)(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 recoiver 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 or an attachment with an address.

3.1 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 C(TY - ST - Z)P

3.4. CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Steve Leider

STEVE PERDUE, PRESIDENT

DELETE

DELETE

DELETE

DELETE

RESIDENT 04/

04/14/98

FILED

May 08 1998 8:00am

Secretary of State

(904) 772-7488

Change

Change

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Addition

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