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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

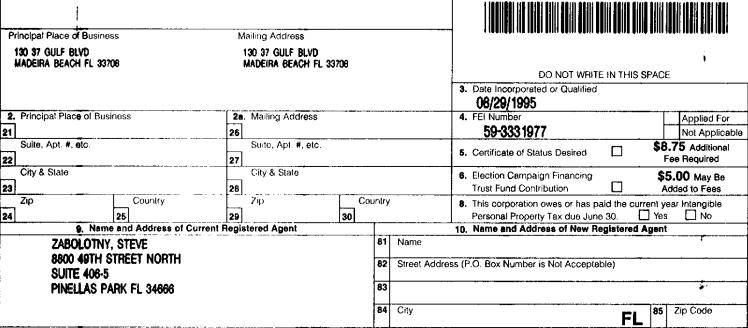
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000066774 (7)

IOHNIE BASS FOODS INC

| DOTHER PASS FOODS INC. | | | |
|--|--|--|--|
| 1 | | | |
| Principal Place of Business | Mailing Address | | |
| 130 37 GULF BLVD MADEIRA BEACH FL 33708 | 130 37 GULF BLVD MADEIRA BEACH FL 33708 | | |
| | | | |

FILED May 18 1998 8:00am Secretary of State



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, and accept the obligations of Section 607.0505, Florida Statutes.

| agent, rannamia with, and accept the obligations of, decidin our vood, northal distillers. | | | | | | | |
|--|------------------------------|------|----------------------|-----|---|------------|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | DEL DEL | ETE | 1.1 TITLE | | Change | ☐ Addition | |
| NAME | P RZYBORONSKI, ANDREW | | 1.2 NAME | | | | |
| STREET ADDRESS | 221 13 AVE N.E. | | 1.3 STREFT ADDRESS | | | | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33701 | | 1.4 CITY - ST - ZIP | | | | |
| TITLE | ☐ DEL | ETE | 2.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | | | |
| TITLE | DEL | .ETE | 3.1 TITLE | | Change | Addition | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | | |
| TITLE | DEL. | FTE | 4.1 TITLE | | ☐ Change | Addition | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | İ | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | ☐ DEL | .ETE | 5.1 TITLE | ••• | Change | Addition | |
| NAME | | | 5.2 NAME | | | i | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | İ | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | | |
| TITLE | ☐ DEL | ETE. | 6.1 TITLE | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | • | |
| CITY-ST-ZIP | | | 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 suppliemental 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 clyinged, or on an attachment with an address.