2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P95000074821

Entity Name: HICKORY FOODS, INC.

Current Principal Place of Business:

2421 DENNIS STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

4339 ROOSEVELT BLVD
SUITE 400
JACKSONVILLE, FL 32210

Current Mailing Address:

P. O. BOX 41123
JACKSONVILLE, FL 322031123 US

New Mailing Address:

FEI Number: 59-3348735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, WILLIAM H
2421 DENNIS STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

MORRIS, WILLIAM H
4339 ROOSEVELT BLVD
SUITE 400
JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/19/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORRIS, WILLIAM H
Address: 249 COPELAND ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete
Name: COON, STEVEN L VP
Address: 249 COPELAND ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete
Name: WILLIAMS, MICHAEL K VP
Address: 249 COPELAND ST
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL K WILLIAMS VP 04/19/2004
Electronic Signature of Signing Officer or Director — Date