

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P950000 85509 (4)

1. Corporation Name

PETE'S FOODS, INC.

Principal Place of Business

Mailing Address

1351 So. ORLANDO AVE
MAITLAND, FL 32751

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MAITLAND, FL 32751

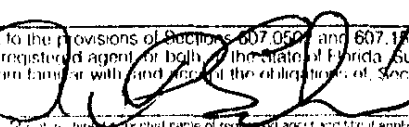
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/6/95		3a. Date of Last Report FEB. 96	
21 1351 So. ORLANDO AVE		26 1351 So. ORLANDO AVE.		4. FEI Number 59-3345581		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State MAITLAND, FL		28 City & State MAITLAND, FL		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip 32751		25 Country ORANGE		29 Zip 32751		30 Country ORANGE	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

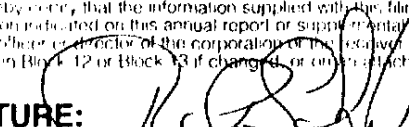
81 Name	ROY P. SCHMID
82 Street Address (P.O. Box Number is Not Acceptable)	8008 WINPINE CT.
83	
84 City	ORLANDO
85 Zip Code	FL 32819

11. Pursuant to the provisions of Sections 607.050 and 607.1408, 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 607.1405, Florida Statutes.

SIGNATURE:  ROY P. SCHMID DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1. TITLE	☐ Change ☒ Addition
2. NAME		2. NAME	PRESIDENT
3. STREET ADDRESS		3. STREET ADDRESS	ROY P. SCHMID
4. CITY, ST, ZIP		4. CITY, ST, ZIP	8008 WINPINE CT ORLANDO, FL 32819
5. TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE	☐ DELETE	9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 executor 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.

SIGNATURE:  ROY P. SCHMID 407-628-3331

CR2E034 (9/96)