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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000090848 (9)

S & H FOODS, INC.

Principal Place of Business Mailing Address							I HUNDIGAN (IN SOUCH CHIN GARA DURA DI	161) 40 410 10011 1	JOIGH HUIHI STOI	DI POR IBRI	
208 N. ALEXANDER 208 N. ALEXANDER PLANT CITY FL 33566				02							
							 Date Incorporated or Qualified 11/29/1995 		le of Last R 26/1996	leport	
2.	Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21			26	I I			36-6176588				
22	Suite, Apt		Suite, Apt. #, etc. 27	27			5. Certificate of Status Desired				
	City & State	the state of the s					6. Election Campaign Financing	_	\$5.00		
23	Zip	Country	28 Z _{(D}	Country			Trust Fund Contribution				
24]	25	<u> </u>			'	 This corporation has liability for Florida Statutes 		lax under s.] No	. 199.032	
	L	25 29 30 9. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered Agent				
	FILI	NGS, INC.		81	Name						
		2 NW 16TH ST.		82	Street	Address	(P.O. Box Number is Not Accepta	hla)	 		
		LAUDERDALE FL 33311		02	Sireet	Muuress	(F.O. Box Number is Not Accepte	.DIE)			
	, ,-			83							
				84	City				85 Zip (Code	
					•			FL			
1	 Pursuant to office or re 	o the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes State of Florida, Such change was au	the above	-named	d corpora	tion submits this statement for the	purpose of	changing it	ts registered	
	agent I a	n familiar with, and accept the	obligations of, Section 607.0505, Flori-	da Statutes	rine coi S.	грогацог	s board or directors. I hereby acce	prine appo	intment as	registered	
s	IGNATURE										
L		Signature, typed or printed name of registe			nt alonatu	re required wi	hen reinstating)	DATE			
12			IS AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFI				
	ILE	D	, DELETE	1.1 TITLE				•	Change	☐ Addition	
	MF	SOBH, KAHLIL		1.2 NAME							
	REET ADDRESS	208 N. ALEXANDER		1.3 STREET							
$\overline{}$	TY-ST-ZIP TLE	PLANT CITY FL 33566 D	DELETE .	1.4 CITY - S 2.1 TITLE	T-ZIP				Change	Addition	
1	ME			2.2 NAME					Criange	LJ AGORION	
1	REET ADDRESS	208 N. ALEXANDER		2.3 STREET ADDRESS							
	TY-ST-ZIP	PLANT CITY FL 33566									
	TLE	PENTION CONTRACTOR	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		· · · · · ·			Change	Addition	
	AME			3.2 NAME				•			
	REET ADDRESS			3.3 STREET	ADDRESS	1					
	1y - S! - ZiP		•	3.4, CITY-5							
	FLE		☐ DELETE	4.1 TITLE		1			Change	Addition	
N/	AME			4. 2 NAME				,			
ST	REET ADDRESS			4.3 STREET	ADDRESS			,			
Çı	TY-ST-ZIP		<u>.</u>	4.4 CITY - S	T-ZIP						
Ti	TLE	DELETE 5.		5.1 TITLE				l	Change	Addition	
N/	ME			5.2 NAME							
ST	REET ADDRESS			5.3 STREET	ADDRESS						
CI	TY+ST+ZIP			5.4 CITY - S	T-ZIP						
TI	TEE		DELETE	6.1 TITLE					Change	Addition	
N/	AME			6.2 NAME	,						
ST	REET ADDRESS			6.3 STREET	ADDRESS	1					
	TY-ST-ZIP			6.4 CITY-S		<u> </u>					
14	 I do hereb informatio 	by certity that the information su n indicated on this annual repo	applied with this filing does not qualify ort or supplemental annual report is true	for the exe e and accu	mption : irate an	stated in a	Section 119.07(3)(i), Florida Statut signature shall have the same led	es. I further	certify that	the der oath: that	
	Lam an of appears in	ficer or director of the corporat in Block 12 or Block 13 if chang	rt or supplemental annual report is tru ion or the receiver or trustee empower ied, or on an attachment with an addre	red to exec	ute this	report as	required by Chapter 607, Florida	Statutes; an	d that my n	name	

SIGNATURE:

THE AND TYPE OF DESCRIPTION WAS OF SOMING OFFICER OF DIRECTO

1-30-97

813-752-6113

FILED

Feb 05 1997 8:00am

Secretary of State