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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091643 (3)

BUSTER'S FOOD PRODUCTS, INC.

FILED								
May 04 1998 8:00am								
Secretary of State								

1	ce of Business	Mailing Address			t teguner tre colds still faut dutte abill dutte to	184 CAREN WILLI		
528 KELLER COURT HERNANDO FL 34442		P.O BOX 1807			1			
nchanou	FL 34442	OCALA FL 34478-1807 US				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						11/30/1995		
<b>—</b>	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3360240		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
City & Sta	le .	City & State					Required	
23		28			Election Campaign Financing Trust Fund Contribution		May Be	
Zip			Country			8. This corporation owes or has paid the cu		
24	25		30	30			Yes	□ No
	9. Name and Address of Cur	rent Registered Agent		1		10. Name and Address of New Registered		
	erken, glen c			81	Name			
52	8 KELLER COURT			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	· <del></del>	
HE	ERNANDO FL 34442				Oll DOL PROGRE	oss (1.0. box Humber is Not Acceptable)		
				83				
				84	City		1661 7	p Code
				П	-	FL	_   "   '	•
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	les, the a	bove	named corpo	oration submits this statement for the purpose con's board of directors. I hereby accept the app	f changing	its registered
agent. I a	am familiar with, and accept the ob	eligations of, Section 607.0505, Fl	aumonze orida Sta	itutes.	tne corporati	on a board of directors. I hereby accept the app	oontment a	as registered
SIGNATURE								
	Signature, typed or printed name of registered		E Rogistere	d Agen	t signature require	od when reinstating) DATE	<del></del>	···
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D D	DELETE	1.1 73	ITLE			☐ Change	e 🔲 Addition
HAME	GERKEN, GLEN C		1.2 N					
STREET ADDRESS	528 E KELLER COURT				LDORESS			
CITY-ST-ZIP	HERNANDO FL			ITY-ST	- ZIP	·		
TITLE	OFFICE NAME OF	DELETE	2.1 Ti		İ		Change	Addition
NAME	GERKEN, LAURIE B		2.2 N	_				
STREET ADDRESS	528 E KELLER COURT		2.3 \$1	TREET A	LDORESS			
CITY-ST-ZIP	HERNANDO FL			CITY-ST	- ZIP			
TITLE	ĺ	DELETE	3.1 TI	ITLÉ			Change	Addition
NAME			3.2 N/	AME	İ			
STREET ADDRESS			3.3 S1	TREET A	DDRESS			
CITY-ST-ZIP				HY-ST	-ZIP			
TITLE		☐ DELETE	4.1 Tr				Change	Addition
NAME			4. 2 N					
STREET ADDRESS			4.3 S1	TREET A	DORESS			
CITY-ST-ZIP		DELETE	_	ITY-\$1-	ZIP			
TITLE		☐ DELETE	5.1 71				Change	Addition
NAME			5.2 N/	AME				
STREET ADDRESS			5.3 ST	TREET A	DDRESS			
City-St-ZIP			_	TY-ST-	21P			·
TITLE		☐ DELETE	6.1 TI				Change	Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6067	-	nnarao I			

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 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 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 changed, or on an attachment with an address.