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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000097710 (4)**

1. Corporation Name
SEMOG FOODS, INC.

Principal Place of Business	Mailing Address
304 S. LINCOLN STREET BEVERLY HILLS FL 34465	304 S. LINCOLN STREET BEVERLY HILLS FL 34465-4117

3. Date Incorporated or Qualified: 01/02/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1298 S. Woodland Blvd
Suite, Apt. #, etc. 22:
City & State 23: Deland, FL
Zip 24: 32720 Country 25: Volusia

2a. Mailing Address
26: 1298 S. Woodland Blvd
Suite, Apt. #, etc. 27:
City & State 28: Deland, FL
Zip 29: 32720 Country 30: Volusia

4. FEI Number: 59-3347075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MANNING, LEROY
304 S. LINCOLN STREET
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

81 Name: Aires M. Gomes
82 Street Address (P.O. Box Number Is Not Acceptable): 1298 S. Woodland Blvd
83:
84 City: Deland **FL** 85 Zip Code: 32720

11. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Aires M. Gomes _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	PRES/D ☐ Change ☒ Addition
NAME	MANNING, LEROY	12 NAME	Aires M. Gomes
STREET ADDRESS	304 S. LINCOLN STREET	13 STREET ADDRESS	1298 S. Woodland Blvd
CITY-ST-ZIP	BEVERLY HILLS FL 34465	14 CITY-ST-ZIP	Deland, FL 32720
TITLE	☐ DELETE	21 TITLE	SEC/TREA/D ☐ Change ☒ Addition
NAME		22 NAME	Maria O. Gomes
STREET ADDRESS		23 STREET ADDRESS	1298 S. Woodland Blvd
CITY-ST-ZIP		24 CITY-ST-ZIP	Deland, FL 32720
TITLE	☐ DELETE	31 TITLE	VP/D ☐ Change ☒ Addition
NAME		32 NAME	Anthony O. Gomes
STREET ADDRESS		33 STREET ADDRESS	1298 S. Woodland Blvd
CITY-ST-ZIP		34 CITY-ST-ZIP	Deland, FL 32720
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/6/97 (904)740-0455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #