

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000005626**

1. Entity Name

DEFUNIAK SPRINGS FOODS, INC.**FILED**
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90315 015 ***150.00

C3082302

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

931 HWY 331 S.
STE 1
DEFUNIAK SPRINGS FL 32578
US1144 JOHN SIMS PKWY
NICEVILLE FL 32578-2204
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3361082Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINNIS, JEFFREY C.
909 NE MAR WALT DR
STE 1014
FT. WALTON BEACH FL 32547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CRAWLEY, CLARENCE RAYMO**
STREET ADDRESS **1144 JOHN SIMS PKWY**
CITY-ST-ZIP **NICEVILLE FL 32578**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **CRAWLEY, CONSTANCE LORA**
STREET ADDRESS **1144 JOHN SIMS PKWY**
CITY-ST-ZIP **NICEVILLE FL 32578**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clarence Raymond Crawley* **CLARENCE RAYMOND CRAWLEY** 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #