

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90124 010 \*\*\*150.00

0086010 AV

**DOCUMENT # P96000005626**



1. Entity Name  
**DEFUNIAK SPRINGS FOODS, INC.**

Principal Place of Business  
**931 HWY 331 S.  
STE I  
DEFUNIAK SPRINGS FL 32578  
US**

Mailing Address  
**1144 JOHN SIMS PKWY  
NICEVILLE FL 32578  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3361082**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **32433** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	CRAWLEY, CLARENCE RAYMO	1144 JOHN SIMS PKWY NICEVILLE FL 32578				
	VP	CRAWLEY, CONSTANCE LORA	1144 JOHN SIMS PKWY NICEVILLE FL 32578				
	T	CRAWLEY, DUSTIN R	1032 STEPHEN DR NICEVILLE FL 32578				
	S	TIMPEL, LARISSA N	1032 STEPHEN DR NICEVILLE FL 32578		TIMPER, LARISSA N		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE R. CRAWLEY DATE: 4-26-03 DAYTIME PHONE #: 850-673-4901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)