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

.PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029009 (3)

KENDALL FOODS CORPORATION Mailing Address Principal Place of Business 22305 SOUTHWEST 157TH AVE. 22305 SOUTHWEST 157TH AVE. GOULDS FL 33170-4005 **GOULDS FL 33170** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0675 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 🛚 Yes 🔲 No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name PETER H.J. KEBDALL CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (PAO, Box Number is Not Acceptable) 82 22305 5.W. 1574 AUCNUE TALLAHASSEE FL 32301 83 84 <sup>2</sup>33190 GOULDS 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 Horida. 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. 6-11-97 SIGNATURE en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE TITLE KENDALL, PETER 1.2 NAME NAME 22305 SOUTHWEST 157TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **GOULDS FL 33170** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition 2.1 10118 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(1) Y - ST - Z(P) CITY - ST- ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTÉ ☐ Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C/TY - ST - Z/P CITY-ST-ZIP 500002186395 -05/21/97--01047--014 Addition DELETE 61 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*495.00

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.

64 CITY - ST - ZIP

CITY - ST- ZIP

4/12/07

**FILED** 

Jul 07 1997 8:00 am

Secretary of State