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FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046575 (2)

1. Corporation Name

FIREPROOF FOOD SYSTEMS, INC.

Principal Place of Business

4347-1 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32218

Mailing Address

11782 WORDSWORTH COURT
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

59-3383058

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 9850-5 SAN JOSE BLVD

Suite, Apt. #, etc.

22 JACKSONVILLE, FL

23 32257

24 Country

25

2a. Mailing Address

26 9850-5 SAN JOSE BLVD

Suite, Apt. #, etc.

27 JACKSONVILLE, FL

28 32257

29 Country

30

9. Name and Address of Current Registered Agent

HARRIS, KELLY F
11782 WORDSWORTH COURT
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HARRIS, KELLY F
STREET ADDRESS 11782 WORDSWORTH COURT
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VP. ☐ DELETE

NAME ROBIN SORENSON
STREET ADDRESS 9850-5 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition

1.2 NAME Stephen C. Toost
1.3 STREET ADDRESS 3410 Kazi Road
1.4 CITY-ST-ZIP Jacksonville, FL 32257

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Stephen C. Toost

3/5/98

904-880-0808

CR2E034 (10/97)