

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jun 04 1998 8:00am  
Secretary of State

DOCUMENT # ~~80000061574~~

MILLS FOOD SERVICES, INC.

Principal Place of Business  
2400 E.F. Griffin Rd.  
Bartow, Florida 33830

Mailing Address  
4545 Old Colony Rd.  
Mulberry, FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
July 23, 1996

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

|                                                                                                     |                                                                     |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 4. FEI Number                                                                                       | Applied For                                                         |
| 59-3391471                                                                                          | 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. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Donald H. Wilson, Jr.  
150 E. Davidson Street  
Bartow, Florida 33830

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.                                                    |
| 84. City                                               |
| 85. Zip Code                                           |

11. I, the undersigned, being a resident of this State, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered officer 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 |                                 |
|----------------------------|---------------------------------|
| 12.1 NAME                  | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS        |                                 |
| 12.3 CITY - ST - ZIP       |                                 |
| 12.4 NAME                  | <input type="checkbox"/> DELETE |
| 12.5 STREET ADDRESS        |                                 |
| 12.6 CITY - ST - ZIP       |                                 |
| 12.7 NAME                  | <input type="checkbox"/> DELETE |
| 12.8 STREET ADDRESS        |                                 |
| 12.9 CITY - ST - ZIP       |                                 |
| 12.10 NAME                 | <input type="checkbox"/> DELETE |
| 12.11 STREET ADDRESS       |                                 |
| 12.12 CITY - ST - ZIP      |                                 |
| 12.13 NAME                 | <input type="checkbox"/> DELETE |
| 12.14 STREET ADDRESS       |                                 |
| 12.15 CITY - ST - ZIP      |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 13.1 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 STREET ADDRESS                                   |                                                                   |
| 13.3 CITY - ST - ZIP                                  |                                                                   |
| 13.4 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.5 STREET ADDRESS                                   |                                                                   |
| 13.6 CITY - ST - ZIP                                  |                                                                   |
| 13.7 NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.8 STREET ADDRESS                                   |                                                                   |
| 13.9 CITY - ST - ZIP                                  |                                                                   |
| 13.10 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.11 STREET ADDRESS                                  |                                                                   |
| 13.12 CITY - ST - ZIP                                 |                                                                   |
| 13.13 NAME                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 STREET ADDRESS                                  |                                                                   |
| 13.15 CITY - ST - ZIP                                 |                                                                   |

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\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator thereof; and that this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

LINDA S. MILLS

Date

Form No. 1 0416643