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

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

**=** :::

Daytime Phone #

05-05-1999 90112 007 \*\*\*150.00

| 1. Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MENT # <b>P96000</b><br>A'S FOOD, INC.             | 0076390             |                            |                                                           |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------|----------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| Principal Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e of Business                                      | Mailing Address     |                            |                                                           |                                                     |
| 2625 34TH AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                  | 2625 34TH AVE       |                            |                                                           |                                                     |
| VERO BEACH FL 32960 VERO BEACH FL 32960 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                     |                            | DO NOT WRITE IN THIS                                      | SPACE                                               |
| US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                     | -                          | 3. Date Incorporated or Qualifed                          | 3 31 702                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                     |                            | 09/12/1996                                                |                                                     |
| 2 Principal P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lace of Business                                   | 2a. Mailing Address |                            | 4. FEI Number                                             | Applied For                                         |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | 26                  |                            | 65-0688270                                                | Not Applicable                                      |
| Suite, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | #, etc.                                            | Suite, Apt. #, etc. | - 1                        | 5. Certificate of Status Desired                          | \$8.75 Additional Fee Required                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e : : :                                            | City & State        |                            | 6. Election Campaign Financing                            | \$5.00 May Be                                       |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . :                                                | 28                  |                            | Trust Fund Contribution                                   | Added to Fees                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                            |                     | ountry                     | 8. This corporation owes the current year in              | tangible                                            |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 25                                                 | 29 / 30             |                            | Personal Property Tax.                                    | ☐ Yes ☐ No                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9. Name and Address of Curre                       | nt Registered Agent |                            | 10. Name and Address of New Registered                    | Agent                                               |
| .R-L-PRENDERGAST-INC-<br>35 43RD AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                     | 81 Name 2                  | BAUCE A CANNON  Tress (P.O. Box Number is Not Acceptable) |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SHU AVENUE<br>O BEACH FL 32968                     |                     |                            | ·                                                         |                                                     |
| VER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | U BEAUTI FL 32966                                  |                     | 83                         |                                                           |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                     | 84 City                    | Fl                                                        |                                                     |
| 11. Pursuant to the provisions of Sections 507,0002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, 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 age |                     | red Agent signature requir | ADDITIONS/CHANGES TO OFFICERS A                           | ND DIDECTORS IN 12                                  |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D OFFICERS AI                                      |                     | TITLE                      | ADDITIONS/CHANGES TO OFFICERS A                           | ND DIRECTORS IN 12 Change Addition  Change Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANNON, BRUCE A                                    | _                   |                            |                                                           |                                                     |
| NAME<br>STREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5785 35TH STREET                                   |                     | STREET ADDRESS 2           | 2625 34th AVE                                             | 6                                                   |
| ļ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VERO BEACH FL 32960                                |                     | CITY-ST-ZIP                | 020 /                                                     | 22                                                  |
| CITY-ST-ZIP<br>TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                                  |                     | I TITLE                    |                                                           | Change Addition                                     |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CANNON, NANCY L                                    | 23                  | NAME                       | - 17th Auc                                                |                                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5785 35TH STREET                                   | 2.3                 | STREET ADDRESS 2           | 2625 34TH AVE                                             |                                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VERO BEACH FL 32960                                |                     | 4 CITY-ST-ZIP              |                                                           |                                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                     | TITLE                      |                                                           | ☐ Change ☐ Addition                                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | 33                  | NAME                       |                                                           |                                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 3:                  | STREET ADDRESS             |                                                           |                                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | 3.                  | 4. CITY-ST-ZIP             |                                                           |                                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | DELETE 4.           | 1 TITLE                    |                                                           | Change Addition -                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | 4.                  | 2 NAME                     |                                                           |                                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | 4.                  | STREET ADDRESS             |                                                           |                                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                     | 4 CITY-ST-ZIP              |                                                           |                                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                     | TITLE                      |                                                           | ☐ Change ☐ Addition                                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                     | NAME                       | •                                                         |                                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                     | S STREET ADDRESS           |                                                           |                                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                     | CITY-ST-ZIP                |                                                           | Change C Addition                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ,                                                  | L. Dece L           | TITLE                      |                                                           | ☐ Change ☐ Addition                                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,                                                  |                     | NAME                       |                                                           |                                                     |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                     | STREET ADDRESS             |                                                           |                                                     |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                     | CITY-ST-ZIP                | Section 119 07/3Vi) Florida Statutos I further on         | artify that the information                         |
| 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 supplied in annual report in the 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 eccive or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered. |                                                    |                     |                            |                                                           |                                                     |

FURE REGIST