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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

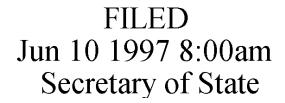
1997

DOCUMENT # P96000085171 (2)

PREMIER FOODS OF MAIN STREET, INC.

Principal Place of Business

Mailing Address





7008 ATLANTIC BLVD JACKSONVILLE FL S2211				7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706						
							3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996			
$\overline{}$	Principal Place o	Business	<del> </del>	2a. Mailing Address			4. FEI Number 34085 4	19	Applied For	
Suite, Apt. #, etc.			Suite Ant #	Suite, Apt. #, etc.			37- 37003 1		Not Applica 75 Additional	
22			27				5. Certificate of Status Desired Fee Required			
23	City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution	9 \$5.00 May Be Added to Fees		
24	Zìp	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No			
	9.	Name and Address of Curre	nt Registered Agent			···	10. Name and Address of New Reg	istered Agent		
	ASKER,				81	Name				
		TLANTIC BLVD ONVILLE FL 32211				Street A	ddress (P.O. Box Number is Not Acceptable)			
					83			<del>-</del>		
	<b>*</b>				84	City		FL 85	Zip Code	
	office or registe	provisions of Sections 607,050 red agent, or both, in the State illiar with, and accept the oblig	e of Florida. Such chanc	te was autho	rized by	zithe com	corporation submits this statement for the p ioration's board of directors. I hereby accep	urpose of chan t the appointm	ging its register ent as registered	ed d
	Signalu	18, typed or pented name of registeriou ng				of signature	required when reinstating)	DATE		
12.			D DIRECTORS		13,		ADDITIONS/CHANGES TO OFFIC			
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STREET ADDRESS 7008 ATLANTIC BLVD					1.2 NAME					
CITY-ST-ZIP JACKSONVILLE FL 32211				1.4 CHY-		ADDRESS				
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	NAME		-	2.2 NA		ļ				
	EET ADDRESS			ľ	2.3 STRE( I	ADDRESS				
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NAN	1E				3 2 NAME					
STR	EET ADORESS				3.3 STREET	ADDRESS				
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NAME			52 N		İ			J9		
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NAM	Œ				6.2 NAME	ļ	10000219 -06/02/970103	72 <u>9</u> 1		
STR	EET ADDRESS				6.3 STREET	ADDRESS	-06/02/970103	15008		
CITY-ST-ZIP				64(		1 - 7IP	***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)(), Florida Statutes. Ffurther 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 13 if changed, or on an attachment with an address.

CICMATURE.

HOW WALL

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