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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086766 (8)

SPRING VALLEY FARMS GOURMET PRODUCTS, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 107 CAMPHOR TREE LANE POST OFFICE BOX 940143 **ALTAMONTE SPRINGS FL 32714** MAITLAND FL 32794-0143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 21 59-3406729 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees ZiD Country Žω Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed harne of registered agent and title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE NAME KITTEL, PATRICIA A 1.2 NAME 107 CAMPHOR TREE LANE STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** City-St-ZIP 1.4 CITY-ST-ZIP VTD DELETE 21 TITLE Change Addition TITLE KITTEL, JAMES G 22 NAME 107 CAMPHOR TREE LANE STREET ADDRESS 2.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DFLETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 eath; that I am an officer or director of the confoliation or the receiver or trustee employee red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or on an attachment with a particles.

44 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

1-13-98

407-774-2080

Change

Change

Addition

Addition

CR2E034