

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

PROFIT CORPORATION ANNUAL REPORT 1999 AMENDED	 FLORIDA DEPARTMENT OF STATE Katherine Harbo Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA0000103472**
1. Corporation Name
PASADENA FOOD SALES ASSOCIATES, INC.

Principal Place of Business
**3027 BEAVER POND TRAIL
VALRICO, FL 33594**

Mailing Address
**3027 BEAVER POND TRAIL
VALRICO, FL 33594**

FILED

99 JUN 21 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01-01-97	
21		26		4. FEI Number 59-3424138	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Price, Richard W
6324 PASADENA POINT BLVD.
GULFPORT, FL 33707**

81 Name **Edward C. Johns**
82 Street Address (P.O. Box Number is Not Acceptable)
3027 BEAVER POND TRAIL
83
84 City **VALRICO** FL 85 Zip Code **33594**

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 **Edward C. Johns** **6/8/99**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Price, Richard W	12 NAME	100002916251--7
STREET ADDRESS	6324 PASADENA POINT BLVD	13 STREET ADDRESS	-06/25/99--01102--008
CITY-ST-ZIP	GULFPORT, FL 33707	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Price, Doris L.	22 NAME	
STREET ADDRESS	6324 PASADENA POINT BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, FL 33707	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johns, Edward C.	3.2 NAME	
STREET ADDRESS	3027 BEAVER POND TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johns, Frances E.	4.2 NAME	
STREET ADDRESS	3027 BEAVER POND TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **Edward C. Johns** **6/8/99** **813-681-1668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)