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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 OCT -9 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003524 (0)**

1. Corporation Name
23 FOOD CORPORATION

Principal Place of Business	Mailing Address
240 PALM ISLAND WAY S.W. CLEARWATER FL 34630	240 PALM ISLAND WAY S.W. CLEARWATER FL 34630

1 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1997

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NASCARELLA, PETER M
240 PALM ISLAND WAY S.W.
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name: Kelly L. Nascarella
82 Street Address (P.O. Box Number is Not Acceptable): 240 Palm Island SW
83:
84 City: Clearwater FL 85 Zip Code: 33767

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: [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 10-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Peter N Nascarella ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	President	1.2 NAME	
STREET ADDRESS	240 Palm Island SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33767	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Kelly L Nascarella	2.2 NAME	
STREET ADDRESS	240 Palm Island SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater FL 33767	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: [signature] KELLY L. NASCARELLA 10/8/98

DE 5,98

Dear Ty. Tyrone Doll,

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As per our telephone conversation today, I have enclosed the renewals for the Florida Corporations along with 2 separate checks for the fees you requested.

I respectfully request that the late fee be waived due to the fact that my husband was in a serious automobile accident earlier this year and I was not aware of this outstanding debt or liability.

Thank you for your help and understanding.

Sincerely,

Kelly A. Nascarella

Kelly A. Nascarella.
Secretary.