

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

APPROVED
AND
FILED

98 APR -3 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000016224 (2)

1. Corporation Name

AFRIKANA FOOD, INC.

Principal Place of Business

4004 WEST JACKSON BLUFF ROAD
TALLAHASSEE FL 32304

Mailing Address

4004 WEST JACKSON BLUFF ROAD
TALLAHASSEE FL 32304

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

59-3428306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

EGBERONGBE, OLAJIDE
3502 CRAWFORDVILLE ROAD
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

TITILAYO SHOLAJA

82

Street Address (P.O. Box Number is Not Acceptable)

3502 CRAWFORDVILLE ROAD

83

84

City

TALLAHASSEE

FL

85

Zip Code

32310

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

T. Sholaja

4/3/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EGBERONGBE, OLAJIDE	
STREET ADDRESS	1218 HIDDEN PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGBERONGBE, TITILAYO	
STREET ADDRESS	1218 HIDDEN PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EGBERONGBE, TAIWO	
STREET ADDRESS	1813 JACKSONBLUFF ROAD, A15	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OLAJIDE DELPHINE X. EGBERONGBE
1.2 NAME	1731 INDIANA TOWN LANE
1.3 STREET ADDRESS	TALLAHASSEE, FL 32312
1.4 CITY-ST-ZIP	
2.1 TITLE	TITILAYO SHOLAJA
2.2 NAME	5817 EUNICE COURT
2.3 STREET ADDRESS	TALLAHASSEE, FL 32303
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

9000002478579

04/03/98--01032--002

****150.00 ****150.00

G. Alan
4/3/98

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:

T. Sholaja

4/3/98

CR2E034 0997