

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000017715 (8)

1. Corporation Name

EVIA FOODS INC.



Principal Place of Business

Mailing Address

~~C/O DAVID A. KING ESQ.~~
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

~~C/O DAVID A. KING ESQ.~~
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

593436027

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2. Principal Place of Business

21 7400 103rd Street

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32210

Country

25 USA

2a. Mailing Address

26 5529 Oak Crossing Drive

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32244

Country

30 USA

9. Name and Address of Current Registered Agent

~~KING, DAVID A.~~
~~1416 KINGSLEY AVENUE~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Christine S. Piner

82 Street Address (P.O. Box Number is Not Acceptable)
5529 Oak Crossing Drive

83

84 City Jacksonville, FL

FL

85 Zip Code 32244

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 *Christine S. Piner*
Christine S. Piner, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

4-6-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PINER, MICHAEL W	
STREET ADDRESS	5529 OAK CROSSING DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINER, CHRISTINE S	
STREET ADDRESS	5529 OAK CROSSING DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PSOMAS, EMILIA	
STREET ADDRESS	5529 OAK CROSSING DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CP2E034 (10/97)