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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000052872

1. Corporation Name

KENTIL FOODS, INC.

Principal Place of Business

Mailing Address

ON OVERCEAS DICHMAY 4040

MAND OVERSEAS HIGHWAY ASID

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90063 025 \*\*\*150.00



MARATHON FL	33050	MARATHON FL 33050	210				
I I I I I I I I I I I I I I I I I I I					DO NOT WRITE IN	THIS SPACE	
					3. Date incorporated or Qualifed		
					06/16/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number .	Ap	plied For
21 SAC	ne as above	SAME AS	S AB	<b>SOVE</b>	65-0761306	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Da
23 28					Trust Fund Contribution	Added 1	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible		
24	25 29 30			Personal Property Tax. ☐ Yes ☑ No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent	
			81	Name	<i>j</i> .	-	Į.
BILLITER, TILDEN				Street Ad	dress (P.O. Box Number is Not Acceptable)		
9400 OVERSEAS HIGHWAY, #210					11/11	<u> </u>	
MAR	ATHON FL 33050		83	,	NIH		
			84	City	•	FI 85 Zip	Code
4.4 Oursuppt 6	to the provisions of Sections 607.0503	and 607 1508 Florida Statutes	the abov	e-named co	orporation submits this statement for the purpo	se of changing its	registered
office or re	egistered agent, or both, in the State (	of Florida. Such change was auth	orized by	the compor	ation's board of directors. I hereby accept the	appointment as re	gistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	5.			
SIGNATURE					uired when reinstalling) DA		,
L	Signature, typed or printed name of registered agent			nt signature req	uired when reinstalling) DA  ADDITIONS/CHANGES TO OFFICER		DS IN 12
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	P	□ DECE1E	1.1 TITLE		•	Gridinge	
NAME	BILLITER, TILDEN		1.2 NAME				
STREET ADDRESS	1010 95TH STREET OCEAN		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-5	T-ZIP			
TITLE	VP	DELETE	2.1 TITLE			Change	☐ Addition
NAME	HOLBERT, PAMELA COLLEEN		2.2 NAME				
STREET ADDRESS	11280 5TH AVE GULF		2.3 STREE	T ADDRESS	•		}
CITY-ST-ZIP	MARATHON FL 33050		2. 4 CITY-	ST-ZIP			
TITLE	Ť	DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	HOLBERT, KENNY SCOTT		3.2 NAME	}			
STREET ADDRESS	11280 5TH AVE GULF			TADDRESS			
CITY-ST-ZIP	MARATHON FL 33050		3.4. CITY-			•	
TITLE	S	☐ DELETE	4.1 TITLE			☐ Change	Addition
1		<del>-</del>	4. 2 NAME		•		ŀ
NAME	BILLITER, SALLY ANNE 1010 95TH ST OCEAN			TADDRESS			
STREET ADDRESS				1		•	ļ
CITY-ST-ZIP	MARATHON FL 33050	□ DELETE	4.4 CITY-5	51-ZIP		_ Change	☐ Addition
MILE			5.1 TITLE 5.2 NAME			∑ ⊃imige	L., 100110411
NAME			1				l
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	}		☐ Change	☐ Addition (
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY-S	ST-2/P			

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR