

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90001 036 ***150.00

DOCUMENT # **P97000057246**
1. Corporation Name
Super Flea Food Services, Inc.

Principal Place of Business
4121 N.W. 44th Ave
Ocala, FL 34482
Mailing Address
P.O. Box 3656
Ocala, FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/27/97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3454497	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 may be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres/Dir.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward K. Seyler	1.2 NAME	
STREET ADDRESS	707 N.E. 25th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL	1.4 CITY-ST-ZIP	
TITLE	VP DIR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY PAULEY	2.2 NAME	
STREET ADDRESS	4121 N.W. 44th Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34482	2.4 CITY-ST-ZIP	
TITLE	SEC./TREAS.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. RAY GREENE III	3.2 NAME	
STREET ADDRESS	P.O. Box 188, 11514 E. Hwy 316	3.3 STREET ADDRESS	
CITY-ST-ZIP	7th Mc Coy, FL 32134	3.4 CITY-ST-ZIP	
TITLE	Pres/Dir	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis BRYAN	4.2 NAME	
STREET ADDRESS	4121 N.W. 44th Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34482	4.4 CITY-ST-ZIP	
TITLE		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		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:

C. Ray Greene, III
C. Ray Greene, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

Date

352-351-9220

Daytime Phone #

CR2E034 (11/98)