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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000073823 (1) DOCUMENT #

FOOD TRENDS, INC.

## FILED Jun 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 115 CORDOVA STREET 115 CORDOVA STREET ST AUGUSTINE PL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1997 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For .3465674 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. ☐ Yes 24 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COMPTON, JOHN R 81 115 CORDOVA STREET ST AUGUSTINE FL 32084 82 Street Address (P.O. Box Number is Not Acceptable) В3 City 84 85 Zip Code 11. Pursuant to the provisions of Socions 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. Signifure, typed or printed name of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **COMPTON, JOHN R** 1.2 NAME **15 CORDOVA STREET** 1.3 STREET ADDRESS STREET ADDRESS **ST AUGUSTINE FL 32084** 1.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 100002545231 STREET ADDRESS 5.3 STREET ADDRESS -06/03/98--01003--021 CITY-ST-ZIP 5.4 CITY-ST-ZIP \*\*\*300.00 DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 victiver 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 any attrictment with an address.