FILED

PROFIT CORPORATION ANNUAL REPORT

1999



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

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079080

1. Corporation Name

CRAYTON COVE GOURMET, INC.

Principal	Place	of	Business

Mailing Address

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90008 029 ***150.00



6608 TRAIL BOULEVARD NAPLES FL 34108		6608 TRAIL BOULEVARD NAPLES FL 34108			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/12/1997	-		
2.	2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied	For .		
21		(26)			59-3471176 Not App	licable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Fee Require			
	City & State City & State							
23	City & State	28			6. Election Campaign Financing Trust Fund Contribution Added to Fe			
	Zip Country	Zip Co	Zip Country		8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax.	О		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	PUOPOLO, DAVE		81	Name				
27657 OLD US 41 BONITA SP FL 34135		82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						
			84	City	FL 85 Zip Code			
44	Durguant to the provisions of Sections 6	07 0502 and 607 1508 Florida Statutes the	above	and corne	oration submits this statement for the numose of changing its regis	tered		

runsian to the provisions of sections out load, and out load, frontal statutes, the above-hamed 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE PSTD GEORGIANNA □ DELETE 1.1 TITLE ☐ Change ☐ Addition ESSIG, GEORGINAMINA M 12 NAME NAME 6608 TRAIL BOULEVARD 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETË ☐ Change ☐ Addition 3.1 TITLE TITLE 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 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ DELETE [] Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CR2E034 (11/98)