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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P97000086187 (6) **DOCUMENT #**1. Corporation Name

PAPA LEE FOOD COMPANY

Principal Place of Business Mailing Address

**FILED** Mar 19 1998 8:00am Secretary of State



7108 POCAH CALLAWAY F		7106 POCAHONTAS CALLAWAY FL 32404						
					3. Date Incorporated or Qualified	PACE		
2. Principal Pi	ace of Business	2a. Mailing Address			10/06/1997 4. FEI Number	114	Applied For	
21	400 0. 200000	26 P.O. BOX 6209			59-3471992		Not Applicable	
Suite, Apt	W, etc.	Suite, Apt. #, etc.					Additional	
22		27			5. Certificate of Status Desired	Fee P	Required	
City & State		City & State  28 CALLAWAY, FL		=_	6. Election Campaign Financing Trust Fund Contribution	·		
Zip	Country	L Zip	Country	/	8. This corporation owes or has paid the curr	ery year ir	ntangible	
24	25		30 4	<u>SP</u>	Personal Property Tax due June 30.		□ No	
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registered A	gent		
LEE, G. THOMAS				IVALITIE				
7108 POCAHONTAS CALLAWAY FL 32404				82 Street Address (P.O. Box Number is Not Acceptable)				
UA	LLAMAT FL 32404		83	<del> </del>			· · · · · · · · · · · · · · · · · · ·	
			L					
			84	City	FL	85 Zip	Code	
11. Pursuant I	o the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the abov	e-named	corporation submits this statement for the purpose of	changing	its registered	
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized b	the corp	poration's board of directors. I hereby accept the appo	sintment e	s registered	
_	n laminar with, and accept the dang	galloris of, Section Ser. 0000, Fib	nios statuto	».				
SIGNATURE ,	Signature, typed or printed name of registered ag	mnt and triti if applicable (NOTE	: Registered Ag	eni signature	e required when reinstating) DATE		<del></del>	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		P/D	Change	Addition	
NAME	LEE, G. THOMAS		1.2 NAME					
STREET ADDRESS	7108 POCAHONTAS		1.3 STREE	ADDRESS				
CITY-ST-ZIP	CALLAWAY FL 32404		1.4 CITY - 1	it-zip		F-1		
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME		GLORIA J. LET 7106 POCAHONTAS CACLAWAY FC 3240		1	
STREET ADDRESS				ADDRESS	7106 60 CHIAON LAZ	s CC	-	
CITY-ST-ZIP		DELETE	2.4 CITY-	ST-ZIP	CACLAWAY INC 3240	Change	Addition	
TITLE		L. DELETE	3.1 TITLE			Change	Addition	
NAME STREET ADDRESS			3.2 NAME	ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE	31.51	<u> </u>	Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			4.4 CITY-5					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP			5.4 CITY-1	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-3	iT-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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

850-874-0100