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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000088861

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90032 049 ***150.00



RANDOL	PH FOODS, INC.	_			_				
Principal Place	e of Business	Mailing Address					****	EL 18187 181	
2409 EDGEWATER DR. 2025-1 EASTBOURNE WAY									
ORLANDO FL 32804 ORLANDO FL 32812						DO NOT WRITE IN T	uie e	DACE	
						3 Date Incorporated or Qualifed	113 3	FACE	
						10/15/1997			ì
Principal P	lace of Business	2a. Mailing Address				4 FEI Number		TT_{i}	Applied For
21	ace of Eddiness	26				\frac{1}{2}			Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			_ \$8.75 Additional			
22		27	_			5. Certifcate of Status Desired		Fee	Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year			_
24	25	29	30			Personal Property Tax.		Yes	Z No
	Name and Address of Curren	t Registered Agent		Ļ.,		10. Name and Address of New Register	ed A	gent	
	DEVALO: DO 1445O D			81	Name				
	REYNOLDS, JAMES R			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
2409 EDGEWATER DR.									
UHL	ANDO FL 32804			83					ļ
				84	City			85 Zi	ip Code
		_			•	pration submits this statement for the purpose	<u>-L</u>	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered ager			Agent	signature required	When reinstating) ADDITIONS/CHANGES TO OFFICERS		DIREC	TOPS IN 12
TITLE	D OFFICERS AN	D DIRECTORS	13.	TI F		ADDITIONS/CHANGES TO OFFICERS		Chang	
NAME	MACREYNOLDS, JAMES R			1.2 NAME				-	}
STREET ADDRESS	SOOF A PACTROLIDALE WAY				ADDRESS				ĺ
	ORLANDO FL 32812				1				Ì
TITLE	CHERRIO TE GEORE			1.4 CITY-ST-ZIP 2.1 TITLE				Chang	ge 🔲 Addition
NAME			2.2 N	AME	ļ				
STREET ADDRESS			2.3 5	TREET.	ADDRESS				İ
CITY-ST-ZIP	}		2.40	ITY-SI	-ZP				
TITLE		☐ DELETE	3.1 🏗	TLE				☐ Chang	ge 🗀 Addition
NAME			3.2 N	AME					
STREET ADDRESS	(3.3 \$	TREET.	ADDRESS				1
CITY-ST-ZIP		·····	3.4.0	ITY-ST	- ZIP				
TITLE		☐ DELETE	4.1 T	TLE				☐ Chang	ge 🔲 Addition
NAME	(4.21	IAME	1				Ì
STREET ADDRESS			4.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP				ITY-ST	-ZIP			F7.05	na I Auditio -
TITLE		☐ DELETE	5.1 T					Chang	ge 🗌 Addition
NAME			5.2 N						
STREET ADDRESS	:				ADDRESS				ļ
CITY-ST-ZIP				ITY-ST	-ZIP			Char	ge
TITLE		☐ DELETE	6.1 T					Chang	je 🗀 Addition
NAME	1		6.2 N		ADDRESS				
STREET ADDRESS	1		■ 6.3 S	INTEL	AUURESS I				
CITY-ST-ZIP				ITY-ST					

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:

IGNING OFFICER OR DIRECTOR

CR2E034 (11/98)