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

PROFIT CORPORATION ANNUAL RÉPORT .,. 1999.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90009 004 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

02/03/1998

4. FEI Number

DOCUMENT # P98000010511

DYLAND FOOD ASSOCIATES, INC.

Principal Place of Business

8362 RAMBLING RIVER DRIVE

Mailing Address

2a Mailing Address

8362 RAMBLING RIVER DRIVE

SANFORD FL 32771 SANFORD FL 32771

2. Principal Pl	ace of Business	2a. Mailing Address	_		4. FEI Number		A	pplied For
21 766	BIL TREE Dr.	26 766 Bi6 74	285	or.	59-3490430		N	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	П		Additional
22 #104		27 #109			5. Certificate di Status Desired		Fee F	Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23 CONG	wood	28 60060000			Trust Fund Contribution	<u></u>	Added	to Fees
Zip :	Country Programme	Zip	Countr	у	8. This corporation owes the curren	nt year Intar	ngible	
24 " FU	25 32771	29 ⊈ ∟ 30	32	771	Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent	
Ash the state of the state of				1 Name	•			
AMERILAWYER				Street Ac	idress (P.O. Box Number is Not Acceptab	le)		
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			<u> </u>				n = ¬:-	Cada
			8	4 City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auth	norized b	v the corpora	prporation submits this statement for the pation's board of directors. I hereby accept	urpose of c the appoint	hanging it ment as t	ls registered registered
	· ·· <u>- </u>	e etimen etime	<u>.</u> .		المناجع	·		1
- SIGNATURE	Signature, typed or printed name of registered agent		egistered Ag	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	GATZ, RAYMOND J III	'	1.2 NAME	:				
STREET ADDRESS	8362 RAMBLING RIVER DRIVE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32771	ANFORD FL 32771 1.40		ST-ZIP				
TITLE	VSDT	DELETE	2.1 TITLE				☐ Change	Addition
NAME	GATZ, SHERRIE W	'	2.2 NAME	<u>:</u>				
STREET ADDRESS	8362 RAMBLING RIVER DRIVE		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SANFORD FL 32771		2. 4 CITY					
TITLE	0,44, 0,10 12 02/7/	☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	- 1				
				ET ADDRESS				
STREET ADDRESS			3.4. CITY	J				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		·		Change	Addition
		(1) berrie	4.1 INC.				_ "	_
NAME				1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY				Change	Addition
TITLE		_ □ DETELE	5.1 TITLE				من چانونانور	
NAME	}			ET ADDRESS				
STREET ADDRESS	•							
CITY-ST-ZIP	<u> </u>		5.4 CITY- 6.1 TITLE				Change	e
TITLE		☐ DELETE					Unange	: LI VIOUIION
NAME			6.2 NAME	1				
070CT 4000C00			■ 6.3 STRE	ET ADDRESS				

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 agricular 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 receipt 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 autiful ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: