

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90008 033 ***150.00

DOCUMENT # P98000031458

1. Corporation Name

FELICE ITALIAN GOURMET, INC.

Principal Place of Business

P.O. BOX 4295
KEY WEST FL 33041

Mailing Address

P.O. BOX 4295
KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

65.0826396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1101 TRUMAN AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

23 City & State

28 City & State

KEY WEST, FL

29

24 Zip

25 Country

33040

26 MONROE

27

28

29

30

9. Name and Address of Current Registered Agent

REYNOLDS, KATHLEEN
17127 FLYING FISH LANE
SUGARLOAF SHORES FL 33042

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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.

SIGNATURE *Kathleen Reynolds*

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

3.2.99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME REYNOLDS, ROBERT G
STREET ADDRESS 17127 FLYING FISH LANE
CITY-ST-ZIP SUGARLOAF SHORES FL 33042

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/V ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE S/T ☐ Change ☒ Addition

2.2 NAME KATHLEEN REYNOLDS

2.3 STREET ADDRESS 17127 FLYING FISH LANE

2.4 CITY-ST-ZIP SUGARLOAF SHORES FL 33042

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

Kathleen Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN REYNOLDS

3.2.99

Daytime Phone #

305.296.1886

CR2E034 (11/98)