

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90217 041 ***158.75

DOCUMENT # P98000041182

1. Corporation Name

MR. MIKE'S GOURMET FOODS, INC.

Principal Place of Business

25 2ND ST. N., STE. 200
ST. PETERSBURG FL 33701

Mailing Address

25 2ND ST. N., STE. 200
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6553 46TH ST. N.

Suite, Apt. #, etc.

22 905

City & State

23 PINELLAS PARK, FL

Zip Country

24 33781 25

2a. Mailing Address

26 6553 46TH ST. N.

Suite, Apt. #, etc.

27 905

City & State

28 PINELLAS PARK, FL

Zip Country

29 33781 30

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

59-3498705

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

9. Name and Address of Current Registered Agent

FRYER, JOAN M
25 2ND ST. N., STE. 200
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

FRYER, JOAN M. FRYER

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

6553 46TH ST. N.

83

STE 905

84 City

PINELLAS PARK FL

85 Zip Code

33781

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

Michael A. Fryer

Signature (typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME FRYER, MICHAEL A
STREET ADDRESS 6500 SUNSET WAY #511
CITY-ST-ZIP ST. PETERSBURG FL 33706

TITLE DVS ☐ DELETE

NAME FRYER, JOAN M
STREET ADDRESS 6500 SUNSET WAY #511
CITY-ST-ZIP ST. PETERSBURG FL 33706

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 DP ☒ Change ☐ Addition

1.2 NAME FRYER, MICHAEL A.
1.3 STREET ADDRESS 5400 95TH ST. N. # 224 B
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33708

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME FRYER, JOAN M.
2.3 STREET ADDRESS 5400 95TH ST. N. # 224 B
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33708

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:

Michael A. Fryer MICHAEL A. FRYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

727-520-1888

Daytime Phone #

CR2E034 (11/98)

0428344