

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054815

1. Entity Name
FOODCO OF FLORIDA, INC.

Principal Place of Business
5791 N. UNIVERSITY CLUB BLVD., #402
JACKSONVILLE FL 32277

Mailing Address
P.O. BOX 47012
JACKSONVILLE FL 32247

2. Principal Place of Business
12015 COBBLEWOOD LN N
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 47012
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLA

City & State
JACKSONVILLE, FLA

Zip 32225

Zip 32247

Country FLAVAL

Country FLAVAL

6. Name and Address of Current Registered Agent

MEDLIN, KIMBLE A
5791 N. UNIVERSITY CLUB BLVD., #402
JACKSONVILLE FL 32277-1492

Name KIMBLE MEALIN

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

12015 COBBLEWOOD LN N

City JAX. FLA.

FL Zip Code 32225

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE KIMBLE A. MEALIN President

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-27-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<u>DP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>KIMBLE A. MEDLIN</u>	NAME	<u>KIMBLE MEALIN</u>
STREET ADDRESS	<u>5791 N. UNIVERSITY CLUB BLVD., #402</u>	STREET ADDRESS	<u>12015 COBBLEWOOD LN N</u>
CITY-ST-ZIP	<u>JACKSONVILLE FL 32277</u>	CITY-ST-ZIP	<u>JACKSONVILLE, FLA 32225</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kimble Medlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 904 636 0712

Daytime Phone #

0458521



DO NOT WRITE IN THIS SPACE

CR2E084 (10/00)