PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000054979

1. Corporation Name

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90061 005 ***150.00

MAHAN FOODS, INC.					ĺ				
					1	A LOCK HOLDE HALL ARMED HERRIN GOULL BEG	U ac ua cola l d		ACKA KAKI KEAK
Principal Place of Business Mailing Address						i inditebi iin ibini inili baiii an	() 00 }11 0010 1 3		
2503 HIGHWAY 60 EAST 2503 HIGHWAY 60 EAST									
VALRICO FL 33594 VALRICO FL 33594						DO NOT WRI	TE IN THIS	SPACE	
					}	3. Date Incorporated or Qualifed			
						06/19/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	plied For
21 26						59-3518	448_	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	I .
27						October Of Charles Desired		Fee Red	
City & State City & State						6. Election Campaign Financing		\$5.00 (
23 28			Country			Trust Fund Contribution		Added to	<u>5</u> Fees
Zip						This corporation owes the curr Personal Property Tax.			□No
24	25 29 30 9. Name and Address of Current Registered Agent				l	10. Name and Address of New F			
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	r registered Agent	81	Name	_	To really and really to the real state of the re	<u> </u>		
CURI	RY, CLIFTON C JR		-						
750 W LUMSDEN ROAD			82	Street	Addres	s (P.O. Box Number is Not Accepta	ible)		
BRANDON FL 33511			83						
								85 Zip C	· odo
			84	City			FL	85 Zip C	,000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named	corpor	ation submits this statement for the	purpose of	changing its	registered
l office or re	egistered agent, or both, in the State mediate from familiar with, and accept the obligation	of Florida. Such change was autr	ionzea by	the corp	oration	s board of directors. I nereby accep	ot the appoin	ilinent as reg	Jistereu
SIGNATURE		,							
SIGNATORE	Signature, typed or printed name of registered ager		<u></u>	nt signature	м Белирет	rhen reinstating)	DATE	D DIDECTO	DC IN 40
12.		D DIRECTORS DELETE	13.		_	ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
TITLE	_		1.1 TITLE						
NAME	KAZBOUR, TAREK		1.2 NAME		.}				}
STREET ADDRESS	2503 HIGHWAY 60 EAST		1	TADDRESS	'				
CITY-ST-ZIP TITLE			1.4 CITY-S 2.1 TITLE	11-211	 			☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			4	T ADDRESS					1
CITY-ST-ZIP			2. 4 CiTY-S						
TITLE		☐ DELETE	3.1 TITLE		1		=	· Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS	3				Ì
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			<u> </u>		
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME						İ
STREET ADORESS			4.3 STREE	T ADDRESS	8				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	—			□ Cb	
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STREET ADDRESS				T ADDRESS]				1
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	11-ZIF	 		•	☐ Change	Addition
TITLE		□ DELETE	6.2 NAME						
NAME			1	TADORESS	,				{
STREET AUDICESS			6.4 CITY-S						
CITY-ST-ZIP	1				1				

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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR