

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90132 037 ***150.00

DOCUMENT # P98000058488

1. Corporation Name
SANFILIPPO HOLDINGS, INC.



Principal Place of Business
8186 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

Mailing Address
8186 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11135 CHESTER LK RD E.		26 11135 CHESTER LK RD E.		06/30/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3521437	
City & State		City & State		5. Certificate of Status Desired	
23 Jacksonville FL		28 Jacksonville FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24 32256 25 USA		29 32256 30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.			
BRANT, MOORE, MACDONALD & WELLS, P.A. 50 NORTH LAURA STREET SUITE 3100 JACKSONVILLE FL 32202		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, JUDY	1.2 NAME	
STREET ADDRESS	8186 BAYMEADOWS WAY WEST	1.3 STREET ADDRESS	11135 CHESTER LK RD E.
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, ANDREW P	2.2 NAME	
STREET ADDRESS	8186 BAYMEADOWS WAY WEST	2.3 STREET ADDRESS	11135 CHESTER LK RD E.
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	Jacksonville FL 32256
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Andrew P. Sanfilippo
ANDREW P. SANFILIPPO Sec/Treas. 1/27/99
904-363-2565

CR2E034 (1/98)