

FROM : W. SCHOFIELD FT. MEYERS

PHONE NO. : 941 561 5943

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Secretary of State

03-22-1999 90101 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000092460			
1. Corporation Name FRESH OR FROZEN PET FOOD, INC.			
Principal Place of Business 15340 FIDDLESTICKS BLVD FT. MYERS FL 33912-3925		Mailing Address 15340 FIDDLESTICKS BLVD. FT. MYERS FL 33912-3925	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 10/30/1998			
2. Principal Place of Business		4. FEI Number 65-0873866	
2a. Mailing Address		Applied For Not Applicable	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. City & State		5. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. Zip		6. This corporation owes the current year Intangible Personal Property Tax: ☐ Yes ☐ No	
24. Country		8. Name and Address of New Registered Agent	
25. Country		81. Name	
26. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
27. Country		83.	
28. Country		84. City	
29. Country		FL 85 Zip Code	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			
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 _____ DATE _____			
(NOTE: Registered Agent Signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME SCHOFIELD, BILL 1.3 STREET ADDRESS 15340 FIDDLESTICKS BLVD. 1.4 CITY-ST-ZIP FT. MYERS FL 33912-3925		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

OR2E034 (1/198)

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Buyers Phone #