2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000097976** 1. Entity Name SOUTHERN SNACKS, INC. 05-24-2000 90008 032 ***150.00 Mailing Address Principal Place of Business 10160 S PALOMINO TRAIL 10160 S PALOMINO TRAIL FLORAL CITY FL 34436-3857 FLORAL CITY FL 34436 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hennesse MAUL HENNESSEY, CAROL Street Address (P.O. Box Number is Not Acceptable) 10160 S PALOMINO TRAIL FLORAL CITY FL 34436 FLORAL CITY 8. The above named entity submits this statement for the buy ose of changing its registered office or registered agent, or both, in the State of Florida. HEUNESSEY SIGNATURE me of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State X (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President : Secretary - Directol & Change Paul Hernessey TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS FLUXAL CAY I FL 34436 CITY-ST-ZIP CITY-ST-ZIP VICE president-freasure-Director Addition Change Delete TITLE NAME CAROL HENNESSEY NAME 10160-Sourd Palonino Trail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLUMECTY FL 34436 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with a bother like empowered.

26 April, 2000