

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000004499

FILED
Apr 29, 2003
Secretary of State

Entity Name: T & R FOODS, INC.

Current Principal Place of Business:

143 E. NOBLE AVE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

143 E. NOBLE AVE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3553086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, CHRIS
5505 SW 127 AVE
MICANOPY, FL 32667

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MYERS, CHRIS
Address: 5505 SW 127 AVE
City-St-Zip: MICANOPY, FL

Title: D () Delete
Name: MYERS, STEPHANIE
Address: 5505 SW 127 AVE
City-St-Zip: MICANOPY, FL

Title: D () Delete
Name: MYERS, MAUREEN
Address: 5628 SW 104 TERR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MYERS, CHRIS
Address: 7701 SW 18TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D (X) Change () Addition
Name: MYERS, STEPHANIE
Address: 7701 SW 18TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. MYERS

OWNE

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date