## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11802

(3)

C & E FOODS, INC.

FILED Apr 25 1997 8:00am Secretary of State



AACC LAIN	lace of Business	Mailing Address				n andiciding and stands clodes added the arm as		ile minte menter i	Albit 1831
4400 HWY 20 EAST. SUITE 503 NICEVILLE FL 32578		4400 HWY 20 EAST. SUITE 503 NICEVILLE FL 32578-8784							
						3. Date Incorporated or Qualified 10/31/1990		e of Last R 5/1996	leport
2. Principa	at Place of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26				59-3043088		No	ol Applicable
	pt #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & St	itate	City & State				6. Election Campaign Financing		\$5.00	May Re
23		28				Trust Fund Contribution			to Fees
Zijo	Country	Zip	Cou	untry	······	8. This corporation has liability for	r intangible t	ax under s	. 199.032,
24	25	29	30				Yes [		
<i></i>	9. Name and Address of Curr	ent Registered Agent		T		10. Name and Address of New F	legistered A	gent	
Et	lgin, robert A.			81	Name				
	400 HWY. 20 EAST, SUITE 503				Observation of the state of	/0.0 b. N			
	ICEVILLE FL 32578			82	Street Add	ress (P.O. Box Number is Not Accept	aoiej		
141	IOLVICEE I E GEOTO			83					
				84	City		<b>1</b> -1	85 Zip (	Code
	ant to the provisions of Sections 607.0			Ш			FL		
SIGNATUR	Signature, typed or proted name of registered			d Ager	nt signature requi	red when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		
HIL	PT	DELETE	111	ITLE	ļ			] Change	Addition
NAME	ELGIN, ROBERT A.	_	1.2 N	IAME	)				
STREET ADDRES	,	3	1.3 \$	TREET	ADDRESS				
CH14 - \$1 - 20P	NICEVILLE FL		1.4 C	ITY-ST	r-zip				
TITLE	V\$								A delition
		☐ DELETE	211					Change	Addition
NAME	ELGIN, JUDITH	<del></del>	21 Ti 2.2 N	ITLE			· · · · · · · · · · · · · · · · · · ·	Change	L3 Adulion
	4400 HWY 20 EAST STE 50	<del></del>	2.2 N	ITLE IAME	ADDRESS			] Change	L_1 Addition
NAM:		<del></del>	2.2 N 2.3 S	ITLE IAME	1				L_3 Addition
NAME SUBEEL ADDRES	4400 HWY 20 EAST STE 50	<del></del>	2.2 N 2.3 S 2.4 C	ITLE IAME ITREET I	1			Change Change	Addition
NAME SUBELLADORES COTY-ST-ZIP	4400 HWY 20 EAST STE 50	3	2.2 N 2.3 S 2.4 C	ITLE IAME ITREET ( CITY-S ITLE	1				
NAM: STREET ADDSES CHY+SE-ZIP TITLE	4400 HWY 20 EAST STE 50 NICEVILLE FL	3	2.2 NJ 2.3 S 2.4 C 3.1 TI 3.2 NJ	ITLE IAME ITREET I CITY-S ITLE IAME	1				
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NAME SUBSET ADDRES CUTY - \$1 - 7/P TUTE NAME SUBSET ADDRES	4400 HWY 20 EAST STE 50 NICEVILLE FL	3	2.2 N. 23 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C	ITLE IAME ITREET ITLE IAME ITREET ITLE IAME ITREET ITTY-S	T-ZIP ADDRESS		, <del>*</del>		
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NAME STREET ADDRESS CHY-SI-ZIP TIPLE NAME SUBSET APORES CHY-SI-ZIP TJIE	4400 HWY 20 EAST STE 50 NICEVILLE FL	3 DELETE	2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N.	ITLE IAME TREET ITLE IAME TREET ITREET ITTY-S ITLE IAME ITREET ITTY-S ITLE NAME	T-ZIP ADDRESS		, <del>*</del>	Change	Addition
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I. I do 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 increasing the property of the corporation or increasing the property of the corporation of th

SIGNATURE

NATURE AND TUPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

4-17-97 (904) 897-565;