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

## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	JAL REPORT 1998	Secretary DIVISION OF CO	of State	Secretary of	of State
1	MENT # S2492" LAS FOODS, INC.	7 (3)			
Doodi	LAG TOODS, INC.			) (480) (480) (480) (480) (480) (480) (480) (480) (480) (480)	I BJØJI DIØIJ BIBIJ DIBIJ IOD:
Principal Plac	e of Business	Mailing Address			. <b>111</b> 11 1111 1111 1111 1111 1111
915 OAK HILL CEMETARY RD. PO BOX 270					
ARCADIA FL 33821 ARCADIA FL 33821-9678 US US		ARCADIA FL 33821-9678 US		DO NOT WRITE IN THIS :	SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		01/15/1991 4. FEI Number	Applied For
21		26		50-3046644	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	в	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
24 347	Country 25	29 34265 3	Country 0		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent    Copy   DOLICIAC   81 Name					
JERRY L. DOUGLAS					
3182 N.E. APPALOOSA STREET ARCADIA FL 33821			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
, •••	O'DITTE GOOD!		83		···
			84 City		85 Zip Code
<u> </u>	10 1 007050			FL	. [ ' ] '
11. Pursuam office or d agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 607,1508, Florida Statutes of Florida. Such change was au ations of, Section 607,0505, Flori	, the above-named cor thorized by the corpora da Statutes.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age OFFICERS AN	<del></del>	Registered Agent signature requi	ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONOJOTANALO TO OTT IDENO AND	Change Addition
NAME	DOUGLAS, JERRY LEE		1.2 NAME		
STREET ADDRESS	3135 NE EDWARDS		1.3 STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL		1.4 CITY - ST - ZIP		
TITLE	D DOLLOU AO ABROA AOU	☐ DELETE	2.1 THILE		☐ Change ☐ Addition
NAME	DOUGLAS, LINDA LOU 3135 NE EDWARDS		2 2 NAME		İ
STREET ADORESS CITY-ST-ZIP	ARCADIA FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	VP VP	DELETE	3.1 TITLE		Change Addition
NAME	AUMENT, KIM		3.2 NAME		
STREET ADDRESS	405 N. ARCADIA AVE.		3.3 STREET ADDRESS		
CITY - ST - ZIP	ARCADIA FL		3.4. CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AUMENT, CRAIG		4. 2 NAME		
STREET ADDRESS	405 N. ARCADIA AVE. ARCADIA FL		4 3 STREET ADDRESS		
CITY-\$T-ZIP TITLE	ANUADIA FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		]
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		}
CTREET ADDRESS			E C O OTDEET ADDOCCO		I

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.

CITY-ST-ZIP

**FILED** 

Apr 06 1998 8:00am