2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # \$33334 Mar 30, 2000 8:00 am **Secretary of State** FOOD INDUSTRY SERVICES, INC. 03-30-2000 90002 024 ***150.00 Principal Place of Business Mailing Address 21050 S.W. 93RD LANE ROAD 21050 S.W. 93RD LANE ROAD **DUNNELLON FL 34431** DUNNELLON FL 34431-5802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3058682 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MARION Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. MIXON, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 21050 S.W. 93RD LANE ROAD **DUNNELLON FL 34431** Zip Code FL 8. 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Delete TITLE TITLE MIXON, JAMES A. NAME NAME STREET ADDRESS STREET ADDRESS 21050 S.W. 93 LANE ROAD CITY-ST-ZIP CITY-ST-ZIP DUNNELLON FL ☐ Addition ☐ Change TITLE Delete TITLE NAME MIXON, MARTHA L. NAME STREET ADDRESS 21050 S.W. 93 LANE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNNELLON FL** TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

JAMES A. MIXON, PRUSIDENT.