

DOCUMENT # S33334			
1. Entity Name FOOD INDUSTRY SERVICES, INC.			
Principal Place of Business 21050 S.W. 93RD LANE ROAD DUNNELLON FL 34431 US		Mailing Address 21050 S.W. 93RD LANE ROAD DUNNELLON FL 34431-5802 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country MARION	Zip	Country
6. Name and Address of Current Registered Agent			
MIXON, JAMES A. 21050 S.W. 93RD LANE ROAD DUNNELLON FL 34431			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIXON, JAMES A. 21050 S.W. 93 LANE ROAD DUNNELLON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, MARTHA L. 21050 S.W. 93 LANE ROAD DUNNELLON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.01, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>James A. Mixon</u> JAMES A. MIXON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

03-30-2000 90002 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 '9/99'

SIGNATURE: