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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:04

DOCUMENT # S59228 (4)

1. Corporation Name
C AND B FOODS, INC.

Principal Place of Business
112 BRESSLER LANE
PALM COAST FL 32135

Mailing Address
112 BRESSLER LANE
PALM COAST FL 32135

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1991
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 708 STANDISH DR.
22 Suite, Apt. #, etc.
23 City & State: ST. AUGUSTINE, FL.
24 Zip: 32086
25 Country: USA

2a. Mailing Address
26 708 STANDISH DR.
27 Suite, Apt. #, etc.
28 City & State: ST. AUGUSTINE, FL.
29 Zip: 32086
30 Country: USA

4. FEI Number: 59-3075761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

BURT, RICHARD
112 BRESSLER LANE
PALM COAST FL 32135

10. Name and Address of New Registered Agent

81 Name: CLIFFORD SKARR
82 Street Address (P.O. Box Number is Not Acceptable): 708 STANDISH DR.
83
84 City: ST. AUGUSTINE FL 85 Zip Code: 32086

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] CLIFFORD SKARR 1-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BURT, RICHARD N. 112 BRESSLER LANE PALM COAST FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PVST SKARR, CLIFFORD A. 708 STANDISH DR. ST. AUGUSTINE, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISCHILLES, JOHN R. 20 FORTRESS PLACE PALM COAST FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] CLIFFORD SKARR 1-30-95 904-797-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403083 FP