

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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **V09106** (8)

1. Corporation Name  
**FAMILY FOODS OF COLLIER, INC.**

Principal Place of Business <b>1841 FREDERICK STREET NAPLES FL 33962</b>	Mailing Address <b>1841 FREDERICK STREET NAPLES FL 34112-0820</b>
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/24/1992</b>	3a. Date of Last Report <b>04/16/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0313677</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SHANKLIN, CHRISTOPHER B.</b> <b>370 DEVILS BIGHT</b> <b>NAPLES FL 33940</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL 34103</b>	

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, 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	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NYWENING, KAE W</b>	12 NAME	
STREET ADDRESS	<b>1845 MULLETT COURT</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	14 CITY - ST - ZIP	<b>34102</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITING, FREDERICK E.</b>	22 NAME	
STREET ADDRESS	<b>3414 TOLEDO WAY</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	24 CITY - ST - ZIP	<b>34105</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHANKLIN, CHRISTOPHER B.</b>	32 NAME	
STREET ADDRESS	<b>370 DEVILS BIGHT</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	34 CITY - ST - ZIP	<b>34103</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>SHANKLIN, PEGGY R.</b>
STREET ADDRESS		43 STREET ADDRESS	<b>1225 ROSEPETAL DRIVE</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>NAPLES, FL 34105</b>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	<b>WHITING, DANIEL S.</b>
STREET ADDRESS		53 STREET ADDRESS	<b>1364 HERNANDO STREET</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	<b>NAPLES, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. 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 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:

*Kae Nywening*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/16/97 732-0700**

CR2E034 (9/96)