


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90021 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V09106 1. Corporation Name FAMILY FOODS OF COLLIER, INC.					
Principal Place of Business 1841 FREDERICK STREET NAPLES FL 34112 US			Mailing Address 1841 FREDERICK STREET NAPLES FL 34112 US		
2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 25 29 30					
3. Date Incorporated or Qualified 01/24/1992			4. FEI Number 65-0313677		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
8. Name and Address of Current Registered Agent SHANKLIN, CHRISTOPHER B. 370 DEVILS BIGHT NAPLES FL 34103			10. Name and Address of New Registered Agent 81 Name SHANKLIN, PEGGY R. 82 Street Address (P.O. Box Number is Not Acceptable) 1225 ROSEPETAL DRIVE 83 NAPLES 84 City FL 85 Zip Code 34105		
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 <i>[Signature]</i> DATE 03/26/99					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION TITLE STD NAME NYWENING, KAE W STREET ADDRESS 1645 MULLETT COURT CITY-ST-ZIP NAPLES FL TITLE D NAME WHITING, FREDERICK E. STREET ADDRESS 3414 TOLEDO WAY CITY-ST-ZIP NAPLES FL TITLE D NAME SHANKLIN, CHRISTOPHER B. STREET ADDRESS 370 DEVILS BIGHT CITY-ST-ZIP NAPLES FL TITLE PD NAME SHANKLIN, PEGGY R STREET ADDRESS 1225 ROSEPETAL DR CITY-ST-ZIP NAPLES FL TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 34102 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 34104 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 34105 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE:

[Signature] **KAE NYWENING**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/99 (941) - 403-4766
 DATE DAYTIME PHONE #

CR2E034 (11/98)