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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **V47650**

(9)

		R FOODS, INC.		olling Address							
Principal Place of Business Mailing Address											
202 BUCK DE FT WALTON I		202 BUCK DRIVE FT WALTON BEACH I	BUCK DRIVE WALTON BEACH FL 32548								
								3. Date Incorporated or Qualif 07/02/1992	ed 3a. D	ate of Last R 04/11/19	95
Principal Plac	ice of Busine	ess	<u> </u>	. Mailing Address				4. FEI Number		1	Applied For
L			26	Suite, Apt. #, etc.				59-3135509			Not Applicable Additional
Suite, Apt. #	, etc.		27	Soile, Apr. #, etc.				5. Certificate of Status Desired	, 		Required
City & State			28	City & State				Election Campaign Financin Trust Fund Contribution	ng 🗆		O May Be d to Fees
Zip		Country		Zip	Cour	ntry		8. This corporation has liability	for intangible		
		25		29		30		Florida Statutes Yes No			
	9. Name	and Address of Curr	rent Regis	stered Agent				10. Name and Address of Ne	w Registere	ed Agent	
						81 N	Name				
POWELL, RICHARD H 92 EGLIN PARKWAY NE							Street Addre	ess (P.O. Box Number is Not Acceptable)			
		H FL 32548				83					
					}	84 (City			. 85 Z	p Code
									<u> </u>		
or registere	ed agent, or	ions of Sections 607.05 both, in the State of FI pt the obligations of, Se	orida. Suci	h change was authori	zed by the c	ve∙nan orpora	med corpora ation's boar	ation submits this statement for the d of directors. I hereby accept the	appointment	as registered	agent. I am
		pr mo congane to on c	ection dos	.0505, Florida Statute	S.						
GNATURE											,
GNATURE	Signature typed	or printed name of registered as	gent and title if	applicable {N	IOTE Registered		ignature required	when reustating) ADDITIONS/CHANGES TO	DATE		ORS IN 12
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GNATURE .	D	or printed name of registered as OFFICERS /	gent and title if	applicable {N	IOTE Registered	Agent sig	ignature required			ND DIRECTO	
GNATURE !. LE MF	D LUEDE	or printed name of registered as	gent and title if	applicable (N	13. 1.1 TI 1.2 NA	Agent sig				ND DIRECTO	
GNATURE I. LE ME REET ADDRESS	D LUEDE	or printed name of registered as OFFICERS A CKE, JOHN E LYOU DR.	gent and title if	applicable (N	13. 1.178 1.2 NA 1.3 STI	Agent sig TLE ME	DORESS			ND DIRECTO	☐ Addition
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