

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V57792 (6)

1. Corporation Name

MERRITT ISLAND FOOD ASSOCIATES, INC.

Principal Place of Business

Mailing Address

520 N. COURTNEY PKWY
MERRITT ISLAND, FL 32953
US

1999 LINCOLN DRIVE
SUITE 202B
SARASOTA, FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1992

4. FEI Number

65-0351593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACKERMAN, GARY D.
1999 LINCOLN DRIVE 202B
SARASOTA, FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 appointment as registered agent, Section 607.0505, Florida Statutes.

SIGNATURE

GARY D. ACKERMAN, VICE PRESIDENT AGENT

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
COFFIN, CHRISTOPHER J.
1999 LINCOLN DRIVE SUITE 202B
SARASOTA, FL 34236

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
ACKERMAN, GARY D.
1999 LINCOLN DRIVE SUITE 202B
SARASOTA, FL 34236

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP
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☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
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32 NAME
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34 CITY-ST-ZIP
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42 NAME
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44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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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 additional sheet with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9410365-4303

CR2E034 (10/97)