

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90014 028 ***150.00

DOCUMENT # V60204

1. Corporation Name

BEVERAGE AND FOOD TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

TRANSMITTER RD
CITY FL 32404

% JOHN L GIOIELLO
PO BOX 1987
PANAMA CITY FL 32402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

77-0045749

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26 % WILEY HORTON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 522 EAST PARK AVE.

City & State

City & State

28 TALLAHASSEE, FL

Zip

Country

25

Zip

29 32302

Country

30 USA

9. Name and Address of Current Registered Agent

HORTON, WILEY
522 EAST PARK AVENUE
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
LIPANOPoulos, STEVE N.
3513 TRANSMITTER ROAD
PANAMA CITY FL
ST-ZIP

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VD
LIPANOPoulos, ANDREAS N
3513 TRANSMITTER ROAD
PANAMA CITY FL
ST-ZIP

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ST-ZIP

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ST-ZIP

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

ANDY N. LIPANOPoulos

1-7-99

(850) 784-1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)