

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90266 025 ***150.00

DOCUMENT # V65377

1. Corporation Name

PLANTATION FOOD SALES COMPANY

Principal Place of Business

**5104 N ORANGE BLOSSOM TRAIL
#117
ORLANDO FL 32810
US**

Mailing Address

**33624 E LAKE JOANNA DR.
EUSTIS FL 32726**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1992

4. FEI Number

57-0969804

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

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26 33825 E Lake Joanna Drive

Suite, Apt. #, etc.

22
City & State

27
City & State

28 Eustis

23
Zip Country

29 FL 30 32736

9. Name and Address of Current Registered Agent

**STEWART, ALBERT S.
33624 E LAKE JOANNA DR.
EUSTIS FL 32726**

10. Name and Address of New Registered Agent

ADDRESS CHANGE ONLY

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
33825 E Lake Joanna Drive

83

84 City
Eustis

FL 85 Zip Code
32736

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

TITLE ☐ DELETE

NAME
PTD
STEWART, ALBERT S
STREET ADDRESS
33624 E. LAKE JOANNA DRIVE
CITY-ST-ZIP
EUSTIS FL

TITLE ☐ DELETE

NAME
VSD
STEWART, LACRETIA A
STREET ADDRESS
33624 E. LAKE JOANNA DRIVE
CITY-ST-ZIP
EUSTIS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS CHANGE ONLY ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
33825 E Lake Joanna Drive
1.4 CITY-ST-ZIP
32736

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
33825 E Lake Joanna Drive
2.4 CITY-ST-ZIP
32736

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *Albert S. Stewart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 . 407-298-0080

Date

Daytime Phone #

CR2E034 (11/98)