FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 390489 **DOCUMENT #** (3)1. Corporation Name SANTO'S FROZEN FOOD, INC. Principal Place of Business Mailing Address 2746 W. MAIN STREET 2746 W. MAIN STREET P.O. BOX 4431 P.O. BOX 4431 **TAMPA FL 33607 TAMPA FL 33607** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/28/1971 03/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2746 MAIN ST. 26 59-1373532 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMPA, FL 28 П Trust Fund Contribution Added to Fees Country Zin Country 8. This corporation has liability for intangible tax under s 199.032, 33607 4.5 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSNER, GERALDINE L. 82 Street Address (P.O. Box Number is Not Acceptable) 7515 ARMAND CR. 12313 ASHVILLE DR. **TAMPA FL 33614** 33626 City 85 Zip Code 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 507.0505, Florida Statutes. INOTE: Registered Age Cignature required who (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1. 1 TITLE Change Addition ROSNER, GERALDINE 1.2 NAME CR2E034 STREET ADDRESS 7515 ARMAND CIR 12313 ASHVILLE BR. 1.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP TAMPA, FL. 1.4 CITY-ST-ZIP DELETE 2 1 TITLE Change Addition ROSNER, KENNETH 2.2 NAME 7515 ARMAND CIR STREET ADDRESS 2.3 STREET ADDRESS 12313 ASHVILLE AR. TAMPA, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP 33626 TAMPA, FL. TS DELETE 3 1 TITLE Change Addition ZAMBITO, DOLORES 3.2 NAME 7631 CORTEZ CT STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CI*Y-S1-7IP 3.4 CITY-ST-ZIP DELETE 4. 1 TITLE Change Addition ZAMBITO, SAM P. 4.2 NAME 7631 CORTEZ CT STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST-ZIP DELETE 6 1 TITLE ☐ Change ■ Addition 62 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

22

12

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP