

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mathias  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **619299** (1)  
 1. Corporation Name  
**TRI-COUNTY FOODS, INC.**



Principal Place of Business: **1707 ELM STREET SUITE E ROCKLEDGE FL 32955 US**  
 Mailing Address: **PO BOX 1719 COCOA FL 32923-1719 US**

3. Date Incorporated or Qualified <b>04/26/1979</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FEI Number <b>59-1907723</b>	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**SKOWRON, JOSEPH F.  
 126 S TWIN LAKES RD  
 COCOA FL 32926**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 approved by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Name of person signing on behalf of the corporation) (Name of person signing on behalf of the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOWRON, JOSEPH F.	1.2 NAME	
STREET ADDRESS	126 S. TWIN LAKES RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	COCOA FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA SKOWRON	2.2 NAME	
STREET ADDRESS	126 S. TWIN LAKES ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	COCOA FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing was 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 is a copy of the 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 this corporation, the names of trustee employees used to create this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment thereto.

SIGNATURE: *[Signature]* J.F. Skowron 1-13-96 (407) 631-0111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)