

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 407681

**Entity Name:** DUDA FARM FRESH FOODS, INC.

**Current Principal Place of Business:**

1200 DUDA TRAIL  
OVIEDO, FL 32765

**Current Mailing Address:**

P.O. BOX 620257  
OVIEDO, FL 32762-0257 US

**FEI Number: 59-1424021**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHAPMAN, TRACY D  
1200 DUDA TRAIL  
OVIEDO, FL 32765 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name DUDA, DAVID J  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title DVPS  
Name CHAPMAN, TRACY D  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title DVPT  
Name ENGWALL, MARK E  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title DVP  
Name WEEKS, JR., PALMER B  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title AT  
Name MITCHELL, AMY  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title PCOO  
Name DUDA, JR., EDWARD D  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title SVP FRESH SALES  
Name ALCOGER, RICHARD A  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name ROBINSON, MICHAEL D  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK ENGWALL**

**DVPT**

**06/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP CUSTOMER DEVELOPMENT  
Name BASSETTI, MARK  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name DUDA, SAMUEL D  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name DIEFENTHALER, DEAN  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765

Title AS  
Name GAINEY, ANN M  
Address 1200 DUDA TRAIL  
City-State-Zip: OVIEDO FL 32765