

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 277727 (4)

1. Corporation Name

WALTERS-HODZ FOODS INC



Principal Place of Business
C/O MORRIS & MORRIS, P.A.
3733 UNIVERSITY BLVD W SUITE 107
JACKSONVILLE FL 32217
US

Mailing Address
C/O MORRIS & MORRIS, P.A.
3733 UNIVERSITY BLVD W SUITE 107
JACKSONVILLE FL 32217-2111
US

3. Date Incorporated or Qualified 01/22/1964	3a. Date of Last Report 04/27/1995
4. FEI Number 59-1036474	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 C/O MORRIS & MORRIS, P.A. Suite, Apt. #, etc. 22 9315 SAN JOSE BLVD. City & State 23 JACKSONVILLE, FL Zip 24 32257	2a. Mailing Address 26 C/O MORRIS & MORRIS, P.A. Suite, Apt. #, etc. 27 P.O. BOX 56375 City & State 28 JACKSONVILLE, FL Zip 29 32241-6375	Country 30 USA
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9. Name and Address of Current Registered Agent

HODZ, MARSHALL
779 UNIVERSITY BLVD., N.
JACKSONVILLE FL 32211

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

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 of person named as registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HODZ, MARSHALL 3550 SCRIMSHAW DRIVE JACKSONVILLE FL	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD HODZ, ELSEBETH 7824 FAWN BROOK CIR E JACKSONVILLE FL	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V HODZ, ELAINE 3550 SCRIMSHAW DR JACKSONVILLE FL	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director
ELSEBETH HODZ

4/26/96 904-743-4093

CR2E034 (12/95)