FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~39532~~ (9)
395342

1. Corporation Name

T.G. LEE FOODS, INC.

Principal Place of Business	Mailing Address
315 N. BUMBY AVE. ORLANDO, FLORIDA 32803	P.O. BOX 3033 ORLANDO, FLORIDA 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1972
3a. Date of Last Report: 01/11/94

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1379635 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEAN, HOWARD M ✓	12 NAME	00000146717O
STREET ADDRESS	3600 NO RIVER RD	13 STREET ADDRESS	-04/27/95--01098--010
CITY ST ZIP	FRANKLIN PARK, IL 00000	14 CITY ST ZIP	****200.00 ****200.00
TITLE	D/P	21 TITLE	☐ Change ☐ Addition
NAME	ROSE, THOMAS L. ✓	22 NAME	
STREET ADDRESS	3600 NO RIVER RD	23 STREET ADDRESS	
CITY ST ZIP	FRANKLIN PARK, IL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RAVENCROFT, THOMAS A ✓	32 NAME	
STREET ADDRESS	3600 NO RIVER RD	33 STREET ADDRESS	
CITY ST ZIP	FRANKLIN PARK, IL 00000	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PETTIGREW, ROBERT G ✓	42 NAME	
STREET ADDRESS	315 N BUMBY AVE	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 00000	44 CITY ST ZIP	
TITLE	A/T	51 TITLE	☐ Change ☐ Addition
NAME	BROOMFIELD, STEPHEN C	52 NAME	
STREET ADDRESS	315 N BUMBY AVE	53 STREET ADDRESS	4/26/95 MST
CITY ST ZIP	ORLANDO, FL 00000	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: _____ Stephen C. Broomfield 4/17/95 407/894-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)