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 **DOCUMENT #** (0)1. Corporation Name FRIDDLE MEAT & PRODUCE, INC. Principal Place of Business Mailing Address 285 FORTENBERRY RD 285 FORTENBERRY RD MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1973 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1499773 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 ſΠ Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FRIDDLE, THOMAS W. JR. Street Address (P.O. Box Number is Not Acceptable) 350 Cifras ! Club Dr. 82 285 FORTENBERRY ROAD **MERRITT ISLAND FL 32952 B3** 84 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 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 statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement f 32959 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE Change Addition FRIDDLE, THOMAS W.JR. NAME 12 NAME CR2E034 STREET ADDRESS 350 CITRUS CLUB DRIVE 1.3 STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP 1.4 CITY-ST-ZIP THILE DELETE 2. 1 TITLE Change Addition NAME FRIDDLE, RUTH R. 2.2 NAME STREET ADDRESS 1196 THREE MEADOWS DRIVE 2.3 STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP 2.4 CITY-ST-ZIP TrILE DELETE 3. 1 TITLE ☐ Change Addition FRIDDLE, JUNE M NAME 3.2 NAME 350 CITURS CLUB DRIVE STREET ADDRESS 3.3. STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP 3.4 CITY - ST- ZIP TITLE DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP THILF DELETE 5 1 TITLE Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-S1-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR

N. y Paes 4/19/94

SIGNATURE: Thomas W. Friddly JA

(12/95)