

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 431342 (5)

1. Corporation Name

CAREFREE FOOD ENTERPRISES INC

Principal Place of Business

**775 FENTRESS BLVD.
DAYTONA BEACH FL 32114**

Mailing Address

**775 FENTRESS BLVD.
DAYTONA BEACH FL 32114**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1973

3a. Date of Last Report

03/07/1994

4. FEI Number

50-1478724

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 1901 Mason Ave

Suite, Apt. #, etc.

22 110

City & State

23 Daytona Bch FL

Zip

24 32117

Country

25 Volusia

2a. Mailing Address

26 1901 Mason Ave

Suite, Apt. #, etc.

27 110

City & State

28 Daytona Bch FL

Zip

29 32117

Country

30 Volusia

9. Name and Address of Current Registered Agent

**FREIDUS, ELIAS, JR.
775 FENTRESS BLVD.
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1901 Mason Ave

83 #110

84 City

Daytona Bch

FL

85 Zip Code

32117

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FREIDUS, ELIAS, JR.
STREET ADDRESS	775 FENTRESS BLVD.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	STD
NAME	CARREY, HOWARD
STREET ADDRESS	775 FENTRESS BLVD.
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1901 Mason Ave #110
1.4 CITY - ST - ZIP	Daytona Bch FL 32117
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1901 Mason Ave #110
2.4 CITY - ST - ZIP	Daytona Bch FL 32117
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 unchanged, or on an attachment with an address.