SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 AUG 13 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **480292** **(2)**

1. Corporation Name
PREMIUM FOODS, INC.

Principal Place of Business
6945 PHILLIPS PKWY DR S.
P. O. BOX 8002
JACKSONVILLE FL 32256-1567

Mailing Address
6945 PHILLIPS PKWY DR S.
P. O. BOX 8002
JACKSONVILLE FL 32256-1567

3. Date Incorporated or Qualified: 07/09/1975
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business
21 PREMIUM FOODS INC
Suite, Apt #, etc.
22 8930 WESTERN WAY, #7
City & State
23 JACKSONVILLE, FLORIDA
Zip 24 32256 Country 25 USA

2a. Mailing Address
26 PREMIUM FOODS INC.
Suite, Apt #, etc.
27 3225 HERIDIAN PARKWAY
City & State
28 FT. LAUDERDALE, FL.
Zip 29 33331 Country 30 USA

4. FEI Number: 59-1604786 — 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
HERNANDEZ, RUDY
720 N OCEAN ST
JACKSONVILLE FL

10. Name and Address of New Registered Agent
81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 Deborah D. Skipper — Deborah D. Skipper, Its Agent — 8-13-96
Signature, typed or printed name of registered agent, date if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☒ DELETE
NAME	VICKERY, MARY OLIVER	
STREET ADDRESS	3975 CHICORA WOOD PL.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	T	☒ DELETE
NAME	VICKERY, MARY OLIVER	
STREET ADDRESS	3975 CHICORA WOOD PL.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	CD	☒ DELETE
NAME	VICKERY, EDWIN HUBERT	
STREET ADDRESS	3975 CHICORA WOOD PL.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	☒ DELETE
NAME	VICKERY, JOHN RUSSELL	
STREET ADDRESS	1181 27TH AVE.	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	DV	☒ DELETE
NAME	VICKERY, JAMES BRADFORD	
STREET ADDRESS	4524 CINDERBED DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DV	☒ DELETE
NAME	VICKERY, MICHAEL EDWIN	
STREET ADDRESS	11820 ATRILL DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☒ Addition
1.2 NAME	ALEXANDER GARABEDIAN	
1.3 STREET ADDRESS	3225 HERIDIAN PARKWAY	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33331	
2.1 TITLE	C/D	☐ Change ☒ Addition
2.2 NAME	MICHAEL H.R. CORKE	
2.3 STREET ADDRESS	400 LYSTER AVE.	
2.4 CITY-ST-ZIP	SADDLE BROOK, N.J. 07662	
3.1 TITLE	S/C/D	☐ Change ☒ Addition
3.2 NAME	STEPHEN P. GUNNING	
3.3 STREET ADDRESS	400 LYSTER AVE.	
3.4 CITY-ST-ZIP	SADDLE BROOK, N.J. 07662	
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		

CR2E034 (3/96)

NSD 8/13/96

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: ALEXANDER GARABEDIAN 7/31/96 (954) 384-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #