

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 543110 (1)**

1. Corporation Name  
**CENTRAL FLORIDA FINER FOODS, INC.**



Principal Place of Business  
**5582 COMMERCIAL BLD.  
PO DRAWER 7767  
WINTER HAVEN FL 33883-7767  
US**

Mailing Address  
**5582 COMMERCIAL BLD.  
PO DRAWER 7767  
WINTER HAVEN FL 33883-7767  
US**

3. Date Incorporated or Qualified **08/16/1977** 3a. Date of Last Report **04/11/1995**

4. FEI Number **59-1765796** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**NALLEY, OTIS HAYNE  
750 AVENUE L., N.W.  
WINTER HAVEN FL 33880**

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City 85 Zip Code **FL**

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 firm if applicable

(NOTE: Registered Agent signature required w/ or w/o reinstating)

DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>NALLEY, OTIS HAYNE</b>	
STREET ADDRESS	<b>750 AVENUE L, N.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	<b>RUTLEDGE, WILLIAM</b>	
STREET ADDRESS	<b>13509 OAK KNOLL ROAD</b>	
CITY-ST-ZIP	<b>CLERMONT FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MERRILL, GREGG</b>	
STREET ADDRESS	<b>1128 HOWARD TERR NW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MERRILL, KIM</b>	
STREET ADDRESS	<b>1128 HOWARD TERRACE N.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 941-967-0623  
Date Daytime Phone #

CR2E034 (12/95)