FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 543110

(1)

CENTRAL FLORIDA FINER FOODS, INC.

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							
SS82 COMMERCIAL BLD. PO DRAWER 7767 WINTER HAVEN FL \$3883-7767 US		5582 COMMERCIAL BLD. PO DRAWER 7767 WINTER HAVEN FL 33883-7767 US		Date Incorporated or Qualified	3a. Date of Last Report		
B Distance D				·	08/16/1977	05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1765796	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat		City & State	ray an areas as		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation has liability for in		
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
				Name			
750 AVENUE L., N.W.			82	Stroot Add	ress (P.O. Box Number is Not Acceptab	lo)	
	TER HAVEN FL 33880		02	Silver Moul	ress (F.O. Box Northber is Not Acceptab	<i>e</i>)	
			83				
İ			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	iles, the abov	I e-named corr	poration submits this statement for the pition's board of directors. I hereby accep	1	
agent. Fa	registered agent, or both, in the State in im familiar with, and accept the obligation ${f a}$	of Florida, Such change was tions of, Section 607.0505, F	authorized by Iorida Statute	y the corporal s.	tion's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered age: OF EICERS AND		It : Registered Ag	ent signalure requi	red when reinstateg) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	NALLEY, OTIS HAYNE		1.2 NAME			•	
STREET ADDRESS	750 AVENUE L, N.W.		1.3 STREET	ADDRESS			
CITY-ST-ZIP WINTER HAVEN FL			1.4 CITY - ST - 7IP				
TITLE	EV MILLIAN	L) DELETE				Change Addition	
NAME	RUTLEDGE, WILLIAM 13509 OAK KNOLL ROAD		2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	CLERMONT FL		2.3 STREET 2. 4 City -				
TITLE	V	DELETE	3.1 11116	21-511		Change Addition	
NAME	MERRILL, GREGG		3.2 NAME				
STREET ADDRESS	1128 HOWARD TERR NW		3.3 STREET	ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-	S1-ZIP			
TITLE	ST Merrill, Kim	☐ DELETE	4.1 TITLE			Change Addition	
NAME STREET ADDRESS	1128 HOWARD TERRACE N.W.		4. 2 NAME				
CITY-ST-ZIP	MARTEO MANGALEI		4.3 STREET 4.4 CHY - 5				
TITLE		DELETE	5.1 TITLE	51 20		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP		There are a	5.4 CHY-5	61 - ZIP			
TITLE		DELETE	6.1 TITLE			Change Addilion	
NAME OTREET ADDRESS			6.2 NAME	4000000			
STREET ADDRESS			6.3 STREET	ADORESS			

14. I do hereby certify that the information supplied with this filing 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 an cowered to execute this report as required by Chapter 607, Florida Statutes; and that my name