

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 # 631234 (2)

1. Corporation Name

THE ORIGINAL GRIMALDI CANDIES, INC.



Principal Place of Business

815 E STRAWBRIDGE AVE
MELBOURNE FL 32901

Mailing Address

815 E STRAWBRIDGE AVE
MELBOURNE FL 32901

3. Date Incorporated or Qualified
07/19/1979

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 815 E. Strawbridge Ave
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

22 City & State
Melbourne, FL

27 City & State

23 Zip Country
32901

28 Zip Country
30

4. FEI Number
59-1935932

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

10. Name and Address of New Registered Agent

FRESE, GARY B.
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901

81 Name

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

83

84 City

FL 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 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 or director

Signature, typed or printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS GRIMALDI, VINCENT
CITY-ST-ZIP 1753 SHOREVIEW DRIVE
INDIALANTIC FL

TITLE ☐ DELETE
NAME STD
STREET ADDRESS GRIMALDI, VINCENT A
CITY-ST-ZIP 1753 SHOREVIEW DRIVE
INDIALANTIC FL

TITLE ☐ DELETE
NAME V
STREET ADDRESS MURPHREE, CAROLINE
CITY-ST-ZIP 224 MARION ST.
INDIAN HARBOUR BEACH FL 32937

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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)(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: *Caroline M. Murphree*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 1996 (407)
724-0535

CR2E034 (12/95)