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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 672667

(3)

1. Corporation Name

MAMMA MORELLI, INC.



Principal Place of Business

68 ATLANTIC DR.
PALM COAST FL 32137

Mailing Address

68 ATLANTIC DR.
PALM COAST FL 32137-2435

3. Date Incorporated or Qualified

06/06/1980

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

MORELLI, FRANK
68 ATLANTIC DR.
PALM COAST FL 32137

4. FEI Number

59-2009868

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

10. Name and Address of New Registered Agent

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 607.0602 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 of Registered Agent required when changing registered agent)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

P
NAME MORELLI, FRANK
STREET ADDRESS 68 ATLANTIC DR.
CITY-STATE-ZIP PALM COAST FL 32137
TITLE VP

12.2 TITLE ☐ DELETE

NAME MORELLI, ALBERTA
STREET ADDRESS 68 ATLANTIC DR.
CITY-STATE-ZIP PALM COAST FL 32137

12.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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