FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:17

DOCUMENT # **708599** **(6)**

1. Corporation Name
FLORIDA FOOD INDUSTRIES, INC., AN ASSOCIATION

Principal Place of Business	Mailing Address
105 LIVE OAK GARDENS #101 CASSELBERRY FL 32707 US	105 LIVE OAK GARDENS #101 CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0576708 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 355 N. Monroe St	26 355 N. Monroe St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32301 / 25 US	Zip / Country 29 32301 / 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEARMAN, JOHN B. 131 RIDGEWOOD DR. LONGWOOD FL 32779	81 Name: Bruce Completon 82 Street Address (P.O. Box Number is Not Acceptable): 4360 Shannonne Rd 83 84 City: Tallahassee FL 85 Zip Code: 32303

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: Bruce A. Completon — Bruce A. Completon — 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	C	☒ Change ☐ Addition
NAME	HARDEE, WILLIAM "	1.2 NAME	Jackson, Victor	
STREET ADDRESS	P.O. BOX 307 NA	1.3 STREET ADDRESS	8746 Belle River Blvd	
CITY-ST-ZIP	INDIANTOWN FL	1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JACKSON, VICTOR	2.2 NAME	Morton, Eddie III	
STREET ADDRESS	8746 BELLE RIVER BLVD.	2.3 STREET ADDRESS	304 Beach Rd	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Sarasota, FL	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, GEORGE	3.2 NAME	HARDEE, William	
STREET ADDRESS	1500 N LAKE ELOISE DR.	3.3 STREET ADDRESS	P.O. Box 307 NA	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Indiantown, FL	
TITLE	P	4.1 TITLE	P	☒ Change ☐ Addition
NAME	PEARMAN, JOHN	4.2 NAME	Completon, Bruce	
STREET ADDRESS	131 RIDGEWOOD DR.	4.3 STREET ADDRESS	4360 Shannonne Rd	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	AST	5.1 TITLE	AST	☒ Change ☐ Addition
NAME	SOLIS, BARBARA	5.2 NAME	Solis, Barbara	
STREET ADDRESS	2911 CONWAY GARDENS ROAD	5.3 STREET ADDRESS	280 John Knox Rd, Apt 145	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce A. Completon — Bruce A. Completon — 4/10/95 — 904-222-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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