

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708599 (6)
1. Corporation Name
FLORIDA FOOD INDUSTRIES, INC., AN ASSOCIATION



Principal Place of Business	Mailing Address
355 N. MONROE ST. #101 TALLAHASSEE FL 32301 US	355 N. MONROE ST. #101 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified 03/04/1965	3a. Date of Last Report 04/14/1995
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2. Principal Place of Business		2a. Mailing Address	
21	355 N. MONROE ST Suite, Apt. #, etc.	26	355 N. MONROE ST Suite, Apt. #, etc.

4. FEI Number	Applied For
59-0576708	Not Applicable

22	City & State	27	City & State
23	Tallahassee, FL	28	Tallahassee, FL
24	Zip	29	Zip
25	Country	30	Country
24	32301	29	32301
25	LEON	30	LEON

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

20	REC'D	21	2000
9. Name and Address of Current Registered Agent			

10. Name and Address of New Registered Agent

COMPLETOM, BRUCE
4360 SHEABORNE RD
TALLAHASSEE FL 32303

81	Name	CONGLETON, BRUCE		
82	Street Address (P.O. Box Number is Not Acceptable)	4360 Sherborne Rd.		
83				
84	City	FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE _____

12 OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, VICTOR	
STREET ADDRESS	8746 BEELE RIVER BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	

CITY - ST - ZIP	SAFETY	DATE	TIME	STATUS	DELETED
TITLE	D				<input type="checkbox"/> DELETE
NAME	MORTON, EDDIE III				
STREET ADDRESS	304 BEACH RD				
CITY - ST - ZIP	SARASOTA FL				

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARDEE, WILLIAM	
STREET ADDRESS	P. O. BOX 307 N/A	
CITY - ST - ZIP	INDIANTOWN FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	COMPLETON, BRUCE	
STREET ADDRESS	4300 SHEABORNE RD	
CITY - ST - ZIP	TALLAHASSEE FL	

TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	SOLIS, BARBARA	
STREET ADDRESS	280 JOHN KNOX RD., PAT 145	
CITY - ST - ZIP	TALLAHASSEE FL	

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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
Roberts, Ed 4804 PIER DR. GREEN ACRES, FL 33463	

2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Don Kolvenbach, Don		
2.3 STREET ADDRESS	2708 Bucham Oaks Dr.		
2.4 CITY-ST-ZIP	Valrico, FL 33594		

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	1000001377521		

51 TITLE	-04/11/96--01112--018	Change	<input type="checkbox"/> Addition
52 NAME	***61.25		
53 STREET ADDRESS			
54 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 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 Congleton X John A. C.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 904-222-9090
Date Daytime Phone

CS 4/11/96

CR2E037 (12/95)