

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 815798 (4)**  
1. Corporation Name  
**THOMAS' FROZEN FOOD, INC.**

**95 APR -3 PM 6: 12**

Principal Place of Business Mailing Address  
**100 PASSAIC AVENUE FAIRFIELD NJ 07004** **100 PASSAIC AVENUE FAIRFIELD NJ 07004**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1971** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		11-2008329		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
Zip		Zip		<input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGDON, JOHN J.	1.2 NAME	
STREET ADDRESS	100 PASSAIC AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	FAIRFIELD NJ	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSCHMANN, C. W.	2.2 NAME	
STREET ADDRESS	930 N. RIVERVIEW DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	TOTOWA NJ	2.4 CITY- ST- ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, D., C.	3.2 NAME	
STREET ADDRESS	930 N. RIVERVIEW DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	TOTOWA NJ	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGNAULT, PHILLIPS	4.2 NAME	
STREET ADDRESS	930 N. RIVERVIEW DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	TOTOWA NJ	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, H.A.	5.2 NAME	
STREET ADDRESS	P.O. BOX 8000	5.3 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD CLIFF NJ	5.4 CITY- ST- ZIP	
TITLE	VPT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANY, W.	6.2 NAME	
STREET ADDRESS	930 N. RIVERVIEW DR	6.3 STREET ADDRESS	
CITY- ST- ZIP	TOTOWA NJ	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 110.07(3)(a), 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 or in an attachment with an address.

SIGNATURE

*Charles Loschmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES LOSCHMANN

3/15/95

(201) 808-3000

Date

Telephone Number