

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 835068 (8)

1. Corporation Name

SORRENTO CHEESE COMPANY, INC.

Principal Place of Business

2375 SOUTH PARK AVE
BUFFALO, N Y 14220

Mailing Address

2375 SOUTH PARK AVE
BUFFALO, N Y 14220

FILED

95 AUG 10 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/22/1975

3a. Date of Last Report
04/20/1994

4. FEI Number
16-1278259

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MURRIN, TOM
552 PINELAND AVE.
BELLEAIR FL 34616

10. Name and Address of New Registered Agent

81 Name Tom Gworek

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

83 2202 Eagle Bluff Drive

84 City Valrico

FL

85 Zip Code 33594

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 reinstating)

DATE

7/2/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME BENSABAT, PAUL
STREET ADDRESS 2375 SOUTH PARK AVENUE
CITY-ST-ZIP BUFFALO, NY.

TITLE EVP
NAME ANDOLINA, JOHN
STREET ADDRESS 2375 SOUTH PARK AVENUE
CITY-ST-ZIP BUFFALO, NY.

TITLE V
NAME WOEPEL, ROBERT J.
STREET ADDRESS 2375 S PARK AVE
CITY-ST-ZIP BUFFALO NY

TITLE V
NAME HYLKEMA, CHARLES B.
STREET ADDRESS 2375 SOUTH PARK AVENUE
CITY-ST-ZIP BUFFALO NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Charles L. Hylkema CHARLES L. HYLKEMA

7/27/95 (716) 823-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)