

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F52741 (8)

1. Corporation Name

SEMINOLE FOODS, INC.



Principal Place of Business

6480 SE 110TH STREET
P.O. BOX 3007
BELLEVUE FL 32620

Mailing Address

6480 SE 110TH STREET
P.O. BOX 3007
BELLEVUE FL 32620

2. Principal Place of Business

2a. Mailing Address

21 6480 SE 110th Street

25 P.O. Box 3007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Bellevue, FL

28 Bellevue, FL

Zip

Zip

24 34420

29 34421

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/05/1981

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2222027

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

BLUME, GEORGE B
51 S MAIN RD SUITE 304 BLDG N
CLEARWATER FL 33518

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 607.0502 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 the filer's application

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPT SCHNEIDER, ROBERT C
4600 FAIRMONT
COLLINSVILLE, IL 00000

TITLE ☐ DELETE

NAME
DVS CHRISTOFF, WENDELL L.
1400 FOREMAN RD
LOWELL, MI 00000

TITLE ☐ DELETE

NAME
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1400 FOREMAN RD
LOWELL, MI 00000

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1400 FOREMAN RD
LOWELL, MI 00000

TITLE ☐ DELETE

NAME
DVS CHRISTOFF, WENDELL L.
1400 FOREMAN RD
LOWELL, MI 00000

SIGNATURE: Robert C. Schneider

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert C. Schneider

01-17-96

904-245-1171

Date

Daytime Phone #

CR2E034 (12/95)