

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 7: 15

DOCUMENT # **F94000001316 (8)**

1. Corporation Name

**FESTIVAL FOODS, INC.**

Principal Place of Business

Mailing Address

SUITE #600  
205 FIFTH AVENUE SOUTH  
LA CROSSE WI 54601

SUITE #600  
205 FIFTH AVENUE SOUTH  
LA CROSSE WI 54601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

2a. Mailing Address

21 **660 LINTON BOULEVARD**

26 **660, LINTON Bld**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 200-A**

27 **SUITE 200-A**

City & State

City & State

23 **DELRAY BEACH FL**

28 **DELRAY BEACH FL**

Zip

Country

Zip

Country

24 **33444**

25 **WPB**

29 **33444**

30 **WPB**

4. FEI Number

Applied For

39-1756206

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 title if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDT**  
NAME **SMITH, CHARLES B**  
STREET ADDRESS **205 FIFTH AVENUE SOUTH, SUITE #600**  
CITY, ST, ZIP **LA CROSSE WI 54601**

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY, ST, ZIP

**PRESIDENT/CEO**  Change  Addition  
**WIT, CORNELIS. F.**  
**2298, N.W. 58TH STREET**  
**BOCA RATON FL 33496**

TITLE **VS**  
NAME **O'NEILL, LAURIE A**  
STREET ADDRESS **205 FIFTH AVENUE SOUTH, SUITE #600**  
CITY, ST, ZIP **LA CROSSE WI 54601**

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY, ST, ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY, ST, ZIP

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)(b), 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 in an attachment with my name.

SIGNATURE:

PRINT YOUR AND TYPE OR PRINTED NAME OF REGISTERED AGENT

March 31<sup>st</sup> 1995

Date

System Issue #

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