FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000002776 (2)**

1. Corporation Name

SARGENTO FOODS INC.

Principal Place of Business	Mailing Address
1 PERSNICKETY PLACE ~~P.O. BOX 650~~ PLYMOUTH WI 53073	1 PERSNICKETY PLACE ~~P.O. BOX 650~~ PLYMOUTH WI 53073

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **05/26/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **39-0859334** ☐ 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

9. Name and Address of Current Registered Agent

WARGO, MICHAEL
498 PALM SPRINGS DR
SUITE 100
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: WARGO, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable): 283 N. NORTH LAKE BLVD, SUITE 111

83

84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GENTINE, LOUIS P		1.2 NAME	
STREET ADDRESS	1 PERSNICKETY PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH WI		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GENTINE, LAWRENCE J		2.2 NAME	
STREET ADDRESS	1 PERSNICKETY PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH WI		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GENTINE, LEE M		3.2 NAME	
STREET ADDRESS	1 PERSNICKETY PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH WI		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STRUZL, EDWARD A		4.2 NAME	900001833199
STREET ADDRESS	1 PERSNICKETY PLACE		4.3 STREET ADDRESS	-05/21/96--01152--041
CITY-ST-ZIP	PLYMOUTH WI		4.4 CITY-ST-ZIP	***200.00
TITLE	STD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOFF, GEORGE H		5.2 NAME	
STREET ADDRESS	1 PERSNICKETY PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH WI		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, RONALD K		6.2 NAME	
STREET ADDRESS	1 PERSNICKETY PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH WI		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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: _____ 4-25-96 414-893-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

_____ 5-14-96 414-893-8484

TYPED OR PRINTED NAME OF SECRETARY, ASSISTANT SECRETARY, AGENT OR OTHER AUTHORIZED PERSON (IF NECESSARY) — Date — Daytime Phone #