FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 21 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002971 (9)

1. Corporation Name
SARASOTA PRO FOODS, INC.

Principal Place of Business
~~4 KNIGHT CT.~~
~~ROCHESTER NH 03867~~

Mailing Address
4 KNIGHT CT.
ROCHESTER NH 03867

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 1801 South Tamiami Trail, Venice, Florida 34293
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: 02-0472374 — 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
GUTHRIE, J M ESQ
SUITE 101 - THOMPSON EXECUTIVE CENTER
1230 MYRTLE AVE., S.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☐ Change ☐ Addition
NAME	WENTWORTH, JEANNE P	1.2 NAME	
STREET ADDRESS	140 LOWELL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NJ 03867	1.4 CITY-ST-ZIP	
TITLE	VTDC	2.1 TITLE	☐ Change ☐ Addition
NAME	WENTWORTH, PAUL N SR	2.2 NAME	
STREET ADDRESS	140 LOWELL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NJ 03867	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DEHART, BARBARA B	3.2 NAME	
STREET ADDRESS	168 N. MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NH 03867	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] V. P. 3/15/95 (603) 330-0230
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNITO OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul N. Wentworth, Sr., Vice President

0483766 FN