PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **F96000001310**1. Corporation Name

FROZEN FOOD DEVELOPMENT, INC.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90210 002 ***158.75



Principal Place	e of Business	Mailing Address			
1816 WOODBINE CT PO BOX 1486					
MARCO ISLAND FL 34145 MARCO ISLAND FL 341: US US		US		DO NOT WRITE IN THIS SPACE	
Ų3		•		3. Date Incorporated or Qualifed	
				03/14/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /8/6	Woodbine. Ct.	26 P.O. P. OX	1486	16-1430099	Not Applicable
Suite, Apt. #, etc. Suite, Apt. # etc.			17	5. Certificate of Status Desired	\$8.75 Additional
27				a. Contradito of States	Fee Required
City & Stat	e A	City & State		6. Election Campaign Financing	\$5.00 May Be
23 // arc		28/1 arco/154	and FL	Trust Fund Contribution	Added to Fees
「Zip コカルバ	Country	Zip	country 30 Collier	8. This corporation owes the current year	r Intangible
24 277	3 25 COTTIET		30 CO//1Cr	Personal Property Tax. 10. Name and Address of New Registe	
	9. Name and Address of Curren	t Registered Agent	81 Name	To. Name and Address of Now Mogists	
GREGORY GARY				regory, Gary	
	ANGLER'S GOVE #6506-		82 Street Add	ress (P.O. Box Number is Not Acceptable)	rt
	CO ISLAND FL 33937		83	& Change the Con	<u> </u>
			84 City	amen toland	FL 85 Zip Code
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	s the above-named con	poration submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obliga-	ions of, Section 607.0505, Fiore	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATI	E
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, EDITH		1.2 NAME		
STREET ADDRESS	ANALIS COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		14 CITY-ST-ZiP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, GARY		2.2 NAME		
STREET ADDRESS	ANA WOODSING COURT		2.3 STREET ADDRESS	i	}
CITY-ST-ZIP	MARCO ISLAND FL 34145		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
OTDEET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP