

**ANNUAL REPORT
1985**

**DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS**

95 APR 21 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12865 (6)
1. Corporation Name
PRINCIPATO SAUSAGE COMPANY

Principal Place of Business
**3630 VENTURA DR. EAST
LAKELAND FL 33811**

Mailing Address
**3630 VENTURA DR. EAST
LAKELAND FL 33811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1989** 3a. Date of Last Report **06/06/1994**

4. FEI Number **59-2028403** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRINCIPATO, THOMAS N.
5007 BLACK BIRCH TRAIL
MULBERRY FL 33860**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PRINCIPATO, THOMAS N.
STREET ADDRESS	5007 BLACK BIRCH DR
CITY - ST - ZIP	MULBERRY FL
TITLE	VD
NAME	IACOVELLA, PAT
STREET ADDRESS	12713 THONOTOSASSA RD
CITY - ST - ZIP	THONOTOSASSA FL
TITLE	S
NAME	PRINCIPATO, JUDITH A.
STREET ADDRESS	5007 BLACK BIRCH DR
CITY - ST - ZIP	MULBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	DELETE
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	DELETE
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 110.07(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]

THOMAS A. PRINCIPATO

4-18-95

813-425-9783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)