

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	
DOCUMENT # L74066 (6)					
1. Corporation Name CARNIVAL OF FOODS, INC.					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:46

Principal Place of Business 9303 STATE ROAD 535 ORLANDO FL 32836-6510	Mailing Address 9303 STATE ROAD 535 ORLANDO FL 32836-6510
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/18/1990	3a. Date of Last Report 04/18/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FBI Number 59-3019552	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No					

9. Name and Address of Current Registered Agent ASMA, WILLIAM N. 886 S. DILLARD STREET WINTER GARDEN FL 34787				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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) _____ (Typed Registered Agent signature required when resigning) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST. ZIP	PD FARR, O.L. 9303 STATE ROAD 535 ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST. ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST. ZIP	STD FARR, CAROLYN 9303 STATE ROAD 535 ORLANDO FL	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 on an attachment with an address.

SIGNATURE: _____ **3-23-95**
(Signature and typed or printed name of officer or director)