FILE NOW: FILING FEE AFTER MAY 1 IS $ .00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTME STATE
Sandra B. Mor
Secretary of S
DIVISION OF CORP IONS

DOCUMENT # **L92112** **(6)**

1. Corporation Name

GUIDO'S FOOD COMPANY, INC.

Principal Place of Business	Mailing Address
7255 FORREST OAKS BLVD. SPRING HILL FL 34606	7255 FORREST OAKS BLVD. SPRING HILL FL 34606

3. Date Incorporated or Qualified: 08/09/1990
3a. Date of Last Report: 02/28/1995

	2. Principal Place of Business	2a. Mailing Address
21/26	15402 AVIATION Loop DR	15402 AVIATION LOOP DR
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	City & State: BROOKSVILLE FL.	City & State: BROOKSVILLE FL
24/29	Zip: 34609	Zip: 34609
25/30	Country: HERNANDO	Country: HERNANDO

4. FEI Number: 59-3062425 — 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

CORPORATION INFORMATION SERVICES, INC.
502 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: WILLIAM M WELLS OWNER
82 Street Address (P.O. Box Number is Not Acceptable): 15402 AVIATION LOOP DR
83
84 City: BROOKSVILLE **FL** 85 Zip Code: 34609

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: WILLIAM M WELLS OWNER — Signature, typed or printed name of registered agent and title, if applicable — William M Wells — (DATE: Registered Agent's signature required when not filing) — 4/29/96 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	OWNER	☑ Change ☐ Addition
NAME	WELLS, WILLIAM M.		1.2 NAME	WILLIAM M WELLS	
STREET ADDRESS	7255 FOREST OAKS BLVD.		1.3 STREET ADDRESS	15402 AVIATION LOOP DR	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	WELLS, JOAN		2.2 NAME	WELLS JOAN	
STREET ADDRESS	7255 FOREST OAK BLVD		2.3 STREET ADDRESS	15402 AVIATION LOOP DR	
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	WELLS, WILLIAM H.		3.2 NAME	WELLS H. WILLIAM	
STREET ADDRESS	7255 FOREST OAKS BLVD.		3.3 STREET ADDRESS	15402 AVIATION LOOP DR	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTINELLI, JOHN J.		4.2 NAME		
STREET ADDRESS	4155 RAMONA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COUMOULOS, PAUL		5.2 NAME		
STREET ADDRESS	6263 DANBURY STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: PRES William M Wells — WILLIAM M WELLS OWNER — 4/29/96 — 352 799-8444

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