

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64195

(4)

1. Corporation Name

C FOODS, INC.

Principal Place of Business

**C/O ANDREW S. MAZZURCO
3800 SE 58TH AVENUE
OCALA FL 32671**

Mailing Address

**C/O ANDREW S. MAZZURCO
3800 SE 58TH AVENUE
OCALA FL 32671**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/08/1988

3a. Date of Last Report

08/01/1994

4. FEI Number

59-2886569

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. 193.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 1 Banyan Dr.

2a. Mailing Address

26 P.O. Box 189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

28 Ocala, FL

Zip

24 34480

Country

25 USA

Zip

29 34478

Country

30 USA

9. Name and Address of Current Registered Agent

**MAZZURCO, ANDREW S.
3800 SE 58TH AVENUE
OCALA FL 32671**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **MAZZURCO, ANDREW S.**
STREET ADDRESS **3800 SE 58TH AVE.**
CITY-ST-ZIP **OCALA FL**

TITLE **VD**
NAME **DOWDY, DENNIS C.**
STREET ADDRESS **3800 SE 58TH AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE **VD**
NAME **MAZZURCO, JOSEPH**
STREET ADDRESS **4975 SE 39TH COURT**
CITY-ST-ZIP **OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**4975 SE 39th Ct.
Ocala FL**

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**P.O. Box 508
High Springs, FL**

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (904) 624-0011
(Date) (Telephone)