

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N12125 (3)  
1. Corporation Name  
CENTRAL FLORIDA FROZEN FOOD ASSOCIATION, INC.



Principal Place of Business  
202 S. PARKER ST.  
TAMPA FL 33606

Mailing Address  
P.O. BOX 191  
TAMPA FL 33601

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1985		3a. Date of Last Report 05/30/1995	
21		26		4. FEI Number 59-2401896		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIRGES, FRANK F C.P.A.  
13902 N. DALE MABRY HWY.  
SUITE 160  
TAMPA FL 33618

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAMBERSON, LINDA			1.2 NAME	Darcie Kolar		
STREET ADDRESS	5908 RECKENRIDGE PARKWAY		D	1.3 STREET ADDRESS	3108 W. Azeele St.		D
CITY-ST-ZIP	TAMPA FL 33610			1.4 CITY-ST-ZIP	Tampa, FL 33609		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYSELS, MIKE			2.2 NAME			
STREET ADDRESS	5555 W. WATERS AVENUE		D	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, CRAIG			3.2 NAME			
STREET ADDRESS	315 N. BUMBY AVENUE		D	3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32802			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GESS, JOE		D	4.2 NAME			
STREET ADDRESS	202 S. PARKER STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Gess / Joe Gess, Treasurer 1/26/96 813-259-7447  
Date 1-26-96 Daytime Phone # 813-259-7447

CR2E037 (12/95)