FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:15

DOCUMENT # N31693 (7)

1. Corporation Name
NORTH FLORIDA FROZEN FOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 43667 JACKSONVILLE FL 32203-0667	P.O. BOX 43667 JACKSONVILLE FL 32203-0667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1989
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2997740 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P. O. BOX 43667	26 P. O. BOX 43667
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL.	City & State 28 JACKSONVILLE, FL.
Zip / Country 24 32203-3667 / 25	Zip / Country 29 32203-3667 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NELSON, BERNIE 100 RIVERSIDE AVE JACKSONVILLE FL 32202	01 Name: GRONDZIK, WM. D. 02 Street Address (P.O. Box Number is Not Acceptable): 6850 BELFORT OAKS PLACE 03 04 City: JACKSONVILLE FL 05 Zip Code: 32256

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: Wm. D. Grondzik, President — William Grondzik — 4/17/95
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	CBD	11 TITLE	PRESIDENT - PD	☒ Change ☐ Addition
NAME	COLLIER, BROOKS	12 NAME	GRONDZIK, WM. D.	
STREET ADDRESS	601 LOMAX ST	13 STREET ADDRESS	6850 Belfort Oaks Place	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Fl. 32256	
TITLE	PD	21 TITLE	VICE PRESIDENT - VPD	☒ Change ☐ Addition
NAME	NELSON, BERNIE	22 NAME	PIKE, RONALD F.	
STREET ADDRESS	100 RIVERSIDE AVE	23 STREET ADDRESS	5644 Doolittle Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Fl. 32205	
TITLE	VD	31 TITLE	SECRETARY/TREASURER - S/T D	☒ Change ☐ Addition
NAME	GRONDZIK, BILL	32 NAME	GIBSON, PAULA J.	
STREET ADDRESS	6850 BELFORT OAKS PLACE	33 STREET ADDRESS	6671 Hyde Grove Ave.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, Fl. 32210	
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	WITT, DAN	42 NAME	N/A	
STREET ADDRESS	4425 MERRIMAC AVE	43 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	N/A	
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	N/A	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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)(i), 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: PAULA J. GIBSON, SECRETARY/TREASURER — Paula J. Gibson — 4/6/95 — 904-783-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024825