

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N31693 (7)  
1. Corporation Name  
NORTH FLORIDA FROZEN FOOD ASSOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1989		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2097740		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent NELSON, BERNIE 100 RIVERSIDE AVE JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent 81 Name GRONDZIK, BILL 82 Street Address (P.O. Box Number is Not Acceptable) 6850 BELFORT OAKS PLACE 83 84 City JACKSONVILLE FL 85 Zip Code 32256			
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11. Pursuant to the provisions of Sections 617.0502 and 617.108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent on 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 *William D. Grondzik* DATE 6-22-96  
Signature, typed or printed name of registered agent and, if applicable, (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE CBD				1.1 TITLE			
NAME COLLIER, BROOKS				1.2 NAME			
STREET ADDRESS 601 LOMAX ST				1.3 STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE FL				1.4 CITY-ST-ZIP			
<input checked="" type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE PD				2.1 TITLE PD			
NAME NELSON, BERNIE				2.2 NAME GRONDZIK, BILL			
STREET ADDRESS 100 RIVERSIDE AVE				2.3 STREET ADDRESS 6850 BELFORT OAKS PLACE			
CITY-ST-ZIP JACKSONVILLE FL				2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE VD				3.1 TITLE VPD			
NAME GRONDZIK, BILL				3.2 NAME GIBSON, PAULA			
STREET ADDRESS 6850 BELFORT OAKS PLACE				3.3 STREET ADDRESS 3728 PHILIPS HWY. # 46			
CITY-ST-ZIP JACKSONVILLE FL				3.4 CITY-ST-ZIP JACKSONVILLE, FL 32207-6840			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE ST				4.1 TITLE ST			
NAME WITT, DAN				4.2 NAME SPUTO, SAM			
STREET ADDRESS 4425 MERRIMAC AVE				4.3 STREET ADDRESS 601 LOMAX STREET			
CITY-ST-ZIP JACKSONVILLE FL				4.4 CITY-ST-ZIP JACKSONVILLE, FL 32204			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
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: RONALD J. PERCOC *Ronald J. Percoc* 6-28-96 904-659-1371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #