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May 05 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
JACKSONVILLE FL 32203-0667

P.O. BOX 43667
JACKSONVILLE FL 32203-3667

3. Date Incorporated or Qualified
04/13/1989

3a. Date of Last Report
07/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-2997740

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

10. Name and Address of New Registered Agent

GRONOSIK, BILL
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32256

81 Name

Gibson, Paula

82 Street Address (P.O. Box Number is Not Acceptable)

3728 Philips Highway #45

83

84 City

Jacksonville

FL

85 Zip Code

32207

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

GG

Gibson, Paula, President

4-16-97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CBD ☐ DELETE

NAME COLLIER, BROOKS

STREET ADDRESS 801 LOMAX ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME GRONOSIK, BILL

STREET ADDRESS 6850 BELFORT OAKS PL

CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE

NAME GIBSON, PAULA

STREET ADDRESS 3728 PHILIPS HWY #45

CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME SPUTO, SAM

STREET ADDRESS 801 LOMAX ST

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

CBD

1.2 NAME

Grondzik, Wm. B.

1.3 STREET ADDRESS

3850 Belfort Oaks Place

1.4 CITY-ST-ZIP

Jacksonville, FL. 32216

2.1 TITLE

PD

2.2 NAME

Gibson, Paula

2.3 STREET ADDRESS

3728 Philips Highway #45

2.4 CITY-ST-ZIP

Jacksonville, FL. 32207-6840

3.1 TITLE

VPD

3.2 NAME

Sputo, Sam

3.3 STREET ADDRESS

601 Lomax Street

3.4 CITY-ST-ZIP

Jacksonville, FL. 32204

4.1 TITLE

S/TD

4.2 NAME

Rankin, Warren

4.3 STREET ADDRESS

1808 Powder Springs Drive

4.4 CITY-ST-ZIP

Jacksonville, FL. 32225

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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

Gibson, Paula

4/16/97

CR2E037 (9/96)