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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31693

1. Corporation Name

NORTH FLORIDA FROZEN FOOD ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 43667
JACKSONVILLE FL 32203-0667

Mailing Address

P.O. BOX 43667
JACKSONVILLE FL 32203-0667



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/13/1989

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

9. Name and Address of Current Registered Agent

GIBSON, PAULA
3728 PHILIPS HIGHWAY
#45
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name **RONALD L. PIKE**
82 Street Address (P.O. Box Number is Not Acceptable)
340 CORPORATE WAY SUITE
83 **SUITE 300**
84 City **ORANGE PARK** FL 85 Zip Code **32073**

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

Ronald L. Pike

3-17-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **CBD**
NAME **GRONZIK, WM. B**
STREET ADDRESS **3850 BELFORT OAKS PLACE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ DELETE
NAME **GIBSON, PAULA**
STREET ADDRESS **3728 PHILIPS HIGHWAY, #45**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VPD** ☐ DELETE
NAME **PIKE, RONALD**
STREET ADDRESS **1507 INDUSTRIAL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **STD** ☒ DELETE
NAME **RANKIN, WARREN**
STREET ADDRESS **4090 HODGES BLVD, APT. # 501**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 **6621 SOUTHPOINT DR., N #315**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **STD** ☐ Change ☒ Addition
4.2 NAME **SAM AGRILLA**
4.3 STREET ADDRESS **1900 BELFORT PARKWAY #100**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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 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, with all other like empowered.

SIGNATURE: X

Ronald L. Pike
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-17-99

Date

X 264-0604

Daytime Phone #

CR2E037 (11/98)