FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04661** **(5)**

1. Current Name
CAPE FOOD, INC.

Principal Place of Business	Mailing Address
2699 LEE ROAD, SUITE 200 WINTER PARK FL 32789	2699 LEE ROAD, SUITE 200 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/15/1985**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **31-0895657**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
ZIP / County	ZIP / County	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DONLEY, RONNY R. 2699 LEE ROAD SUITE 200 WINTER PARK FL 32789	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 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 (Typed or printed name of Registered Agent) (Title if Registered Agent is an officer or principal of the corporation) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	71 TITLE	☐ Change ☐ Addition
NAME	STINE, ROBERT H.	72 NAME	
STREET ADDRESS	2699 LEE RD STE #200	73 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	74 CITY-ST-ZIP	
TITLE	P	75 TITLE	☐ Change ☐ Addition
NAME	FAY, RONALD P.	76 NAME	
STREET ADDRESS	2699 LEE RD STE #200	77 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	78 CITY-ST-ZIP	
TITLE	TS	79 TITLE	☐ Change ☐ Addition
NAME	DONLEY, RONNY R.	80 NAME	
STREET ADDRESS	2699 LEE RD STE #200	81 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	82 CITY-ST-ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an "X" in the left margin, or on an attachment with an "X".

SIGNATURE: Robert H. Stine Robert H. Stine 4/21/95 (407)-645-4811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0047838 CP