

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P05753 (9)
1. Corporation Name
RONZONI FOODS CORPORATION



Principal Place of Business
**50-02 NORTHERN BLVD.
LONG ISLAND NY 11101
US**

Mailing Address
**100 CRYSTAL A DRIVE
HERSHEY PA 17033-1313**

3. Date Incorporated or Qualified
04/22/1985

3a. Date of Last Report
04/24/1995

4. FEI Number
11-1252400

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

2. Principal Place of Business
21 **100 Crystal A Drive**
Suite, Apt. #, etc.
22
City & State
23 **Hershey, PA**
Zip
24 **17033** Country
25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____
(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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATHANY, LEANOR	1.2 NAME	Robert M. Reese
STREET ADDRESS	100 CRYSTAL A DRIVE	1.3 STREET ADDRESS	100 Crystal A Drive
CITY-ST-ZIP	HERSHEY PA	1.4 CITY-ST-ZIP	Hershey, PA 17033
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, KENNETH L.	2.2 NAME	
STREET ADDRESS	100 CRYSTAL A DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIANO, JOSEPH	3.2 NAME	
STREET ADDRESS	100 CRYSTAL A DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, MICKEY C.	4.2 NAME	
STREET ADDRESS	100 CRYSTAL A DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACKA, DAVID W.	5.2 NAME	
STREET ADDRESS	100 CRYSTAL A DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHBOLD, CECIL A.	6.2 NAME	
STREET ADDRESS	100 CRYSTAL A DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. A. Cottonaro **J. A. Cottonaro** **APR 12 1996** **717/534-7509**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)