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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10: 21

DOCUMENT # P37853 (9)

1. Corporation Name
CROWLEY FOODS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 549 BINGHAMTON NY 13902 US	P.O. BOX 549 BINGHAMTON NY 13902 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1992
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 15-0282160 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	THORNE, RICHARD A.	1.2 NAME	
STREET ADDRESS	5143 HOLLY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MARGHERIO MARTIN J.	2.2 NAME	
STREET ADDRESS	32 LINCOLN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMPTON NY	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	☐ Change ☐ Addition
NAME	CLINE, ROBERT T.	3.2 NAME	
STREET ADDRESS	22 CLYDE GRUVER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BINGHAMPTON NY	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	☐ Change ☐ Addition
NAME	WEBB, TERESA E	4.2 NAME	
STREET ADDRESS	904 PRESCOTT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENDICOTT NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	COMPTON, CHARLES H.	5.2 NAME	
STREET ADDRESS	2109 SHABLIS COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONIA PA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	INGRANDO, LEONARD W	6.2 NAME	
STREET ADDRESS	205 PATIO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENDWELL NY	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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/15/95 607-779-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474010 FP