

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 # **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

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

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/11/1992

3a. Date of Last Report

02/22/1995

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	THORNE, RICHARD A.	
STREET ADDRESS	5143 HOLLY RD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARGHERIO MARTIN J.	
STREET ADDRESS	32 LINCOLN AVENUE	
CITY-ST-ZIP	BINGHAMTON NY	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	CLINE, ROBERT T.	
STREET ADDRESS	22 CLYDE GRUVER DRIVE	
CITY-ST-ZIP	BINGHAMTON NY	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	WEBB, TERESA E	
STREET ADDRESS	904 PRESCOTT AVE	
CITY-ST-ZIP	ENDICOTT NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMPTON, CHARLES H.	
STREET ADDRESS	2109 SHABLI COURT	
CITY-ST-ZIP	GIBSONIA PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	INGRANDO, LEONARD W	
STREET ADDRESS	205 PATIO DRIVE	
CITY-ST-ZIP	ENDWELL NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	43 Carlson Lane
5.4 CITY-ST-ZIP	Palm Coast, FL 32137
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

TERESA E WEBB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITINAWLE

1/30/96

607-779-3289
Daytime Phone #

CR2E034 (12/95)