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Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
P.O. BOX 549  
BINGHAMTON NY 13902  
US

Mailing Address  
P.O. BOX 549  
BINGHAMTON NY 13902-0549  
US



3. Date Incorporated or Qualified 03/11/1992  
3a. Date of Last Report 02/05/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 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  
Signature typed in position 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	43 CARLSON LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CERVANTES, JOSEPH P
6.3 STREET ADDRESS	49 COURT STREET
6.4 CITY-ST-ZIP	BINGHAMTON, NY 13902

14. I do 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; 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/10/97 Daytime Phone #

CR2E034 (9/96)