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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P37933** (9)

1. Corporation Name:
HERCULES FLAVOR, INC.

Principal Place of Business: **HERCULES PLAZA
WILMINGTON DE 19894**
Mailing Address: **HERCULES PLAZA
WILMINGTON DE 19894**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/17/1992**
36. Date of Last Report: **04/27/1994**

2. Principal Place of Business: **21**
29. Mailing Address: **26**

4. FID Number: **51-0339950**
Applied For: ☐
Not Applicable: ☐

State Apt # etc: **22**
Date Apt # etc: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐

24. **25** 29. **30**

7. Does corporation have liability for information furnished in this report? ☐ Yes ☒ No
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name:
82. Street Address (if 7, Box Number is Not Applicable):
83.
84. City: **FL** 85. Zip Code:
86. State:
87. City:
88. State:
89. City:
90. State:
91. City:
92. State:
93. City:
94. State:
95. City:
96. State:
97. City:
98. State:
99. City:
100. State:

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same is a true and correct statement of the facts and circumstances as to the matters herein stated.

SIGNATURE

12. NAME AND ADDRESS OF REGISTERED AGENT	13. ADDITIONAL NAMES, ADDRESSES, AND CITIES, STATES, AND ZIP CODES
NAME: PO ELLIOTT, R. K. ADDRESS: 317 KENNETT PIKE CITY: MENDENHALL, PA 19357	☐ Change ☐ Add New
NAME: VD MUMMA, R. H. ADDRESS: C/O HERCULES FLAVOR, INC. CITY: WILMINGTON DE	☒ Change ☐ Add New
NAME: VSD FLOYD, I. J. ADDRESS: 5 BLUEBERRY COURT CITY: HOCKESSIN, DE	☒ Change ☐ Add New
NAME: VTD KING, J. M. ADDRESS: 103 FARM AVE. CITY: WILMINGTON DE	☒ Change ☐ Add New
NAME: CD TEPAS, T. G. ADDRESS: 1108 GENERAL LAFAYETTE BLVD. CITY: WEST CHESTER PA	☐ Change ☐ Add New
NAME: Assistant Treasurer ADDRESS: B. W. Jester CITY: 210 Deergrass Rd CITY: Hockessin, DE 19707	☐ Change ☒ Add New

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(1)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and correct 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 liquidator empowered to execute the report as required by Chapter 687, Florida Statutes, and that my name appears on the report as required by Chapter 687, Florida Statutes.

SIGNATURE: *BW Jester* Asst. Treasurer 5/1/95 (302) 594-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR