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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000064279 (1)**

1. Corporation Name

SOUTHWEST FLORIDA PASTA, INC.

Principal Place of Business	Mailing Address
1690 TAMIAMI TR PT CHARLOTTE FL 33948	P O BOX 548 MURDOCK FL 33938

3. Date Incorporated or Qualified: 09/15/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0438209	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 380548
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 MURDOCK, FL.
24 Zip / 25 Country	29 Zip 33938 / 30 Country

9. Name and Address of Current Registered Agent

WELLBAUM, ROBERT W III
1690 TAMIAMI TR
PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: WILLIAM FRAZER
82 Street Address (P.O. Box Number is Not Acceptable): 1690 TAMIAMI TR.
83
84 City: PT. CHARLOTTE FL 85 Zip Code: 33948

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: Willi C. Frazer — WILLIAM C. FRAZER — 2-21-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WELLBAUM, ROBERT W III 19112 TOLEDO BLADE PT CHARLOTTE FL 33948	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP FRAZER, WILLIAM 331 PINE GLENN ENGLEWOOD FL 34223	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP ☒ Change ☐ Addition 200001806152 -05/03/96--01018--010 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BOTELSON, ROGER 280 S OXFORD DR ENGLEWOOD FL 34223	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DVP WILLIAM MARTIN 425 CROSS ST. # 114 PUNTA GORDA, FL. 33950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D RONALD A. SMITH 1499 S. McCALL RD. ENGLEWOOD, FL 34223 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D R.W. WELLBAUM JR. 1160 S. McCALL Rd. ENGLEWOOD, FL 34223 ☐ Change ☒ Addition

CR2E034 (12/95)

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: Willi C. Frazer — 2-21-96 — 941-255-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-21-96