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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 24 PM 3:50

DOCUMENT # P93000066712 (9)

1. Corporation Name

COASTAL FOODS OF CENTRAL FLORIDA, INC.

Principal Place of Business

7135 SOUTH ORANGE BLOSSOM TR
ORLANDO FL 32809

Mailing Address

7135 SOUTH ORANGE BLOSSOM TR
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

10/19/1994

4. FEI Number

59-3202663

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financial
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

21 430 S. SEMORAN BLVD.

2a. Mailing Address

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

ORLANDO, FL.

28 City & State

28

24 Zip

32807

25 Country

ORANGE.

29 Zip

29

30 Country

30

9. Name and Address of Current Registered Agent

BOZIKIS, GEORGE
7135 SOUTH ORANGE BLOSSOM TR
ORLANDO FL 32809

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 of agent or printed name of registered agent and title if applicable

(831) Registered Agent (optional, required if not incumbent)

(84)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BOZIKIS, GEORGE
STREET ADDRESS 7135 S. ORANGE BLOSSOM TRAIL
CITY ST ZIP ORLANDO FL 32809

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE DVP
NAME BOZIKIS, SPIRO
STREET ADDRESS 7135 S. ORANGE BLOSSOM TRAIL
CITY ST ZIP ORLANDO FL 32809

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

DVP
DAVID J. WOODWARD
447 PIRD BAY CT. #103
LAKE MARY, FL. 32746

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 199.032(4)(b), Florida Statutes. I further certify that the information indicated on this 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 trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]*

PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

[Signature] 20/95 407-277-2800