

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 # P93000076840 (6)

1. Corporation Name

WICKHAM FOOD ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~1800 2ND ST.~~
~~SUITE 900~~
~~SARASOTA FL 34236~~

~~1800 2ND ST.~~
~~SUITE 900~~
SARASOTA FL 34236

2. Principal Place of Business
21 2505 N. Wickham Road

2a. Mailing Address
26 1999 Lincoln Drive, 202B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Melbourne, FL.

27 City & State
28 Sarasota, FL.

24 Zip
32935

Country

29 Zip
34236

Country

9. Name and Address of Current Registered Agent

ACKERMAN, GARY D
~~1800 2ND ST.~~
SUITE 900
SARASOTA FL 34236

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0446662

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1999 Lincoln Drive, Suite 202B

83

84 City
Sarasota, FL. 34236

85 Zip Code
FL

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

(If not, Registered Agent's signature required when not signed)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
COFFIN, CHRISTOPHER J
~~1800 SECOND ST., STE. 900~~
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPS
ACKERMAN, GARY D
~~1800 SECOND ST., STE. 900~~
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 NAME
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
1999 Lincoln Drive, Suite 202B
Sarasota, FL. 34236

21 NAME
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☒ Change ☐ Addition

1999 Lincoln Drive, Suite 202B
Sarasota, FL. 34236

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

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

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

61 NAME
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 941-365-4303

CR2E034 (12/95)