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 # P94000051664 (8)

1. Corporation Name

CORNUCOPIA SNACK FOODS COMPANY

Principal Place of Business	Mailing Address
P O BOX 564 ORANGE PARK FL 32067	P O BOX 564 ORANGE PARK FL 32067

2. Principal Place of Business
21 5599 COMMONWEALTH AVE
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE, FL
Zip
24 32254
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report: 05/17/1995
4. FEI Number: 59-3265881 — ☐ 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

GARARD, SAM V
5599 COMMONWEALTH AVE
JACKSONVILLE FL 32254

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] SAM V. GARARD, PRESIDENT 4/30/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GARARD, SAM V	
STREET ADDRESS	311 FLEMING FOREST LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	☐ DELETE
NAME	ELLIS, JOHN M	
STREET ADDRESS	201 NW 130 AVE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	STD	☐ DELETE
NAME	GARARD, JUDITH A	
STREET ADDRESS	311 FLEMING FOREST LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	☒ DELETE
NAME	LAZZARI, PETER	
STREET ADDRESS	4450 E ADAMS DR., STE 501	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Earl Ray Shipp, Jr.	
4.3 STREET ADDRESS	601 Aberdeen Ct.	
4.4 CITY-ST-ZIP	Orange Park, FL 32073	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] JUDITH A. GARARD, Secretary/Treasurer 4/30/96 904/783-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #