

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000066413 (3)

1. Corporation Name  
COMPLETE FOOD, INC.



Principal Place of Business  
3553 E. FOREST LAKE DR.  
SARASOTA FL 34232

Mailing Address  
3553 E. FOREST LAKE DR.  
SARASOTA FL 34232-4713

3. Date Incorporated or Qualified  
09/09/1994

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 2998 SW CR 760

26 POB 1230

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Nocatee, FL

28 Nocatee, FL

Zip

Country

Zip

Country

24 34268

25 DESOTO

29 34268

30 DESOTO

4. FEI Number

65-0519148

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

10. Name and Address of New Registered Agent

ZENDEL, SHERRY M  
3553 E. FOREST LAKE DR.  
SARASOTA FL 34232

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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ZENDEL, SHERRY M  
STREET ADDRESS 3553 E. FOREST LAKE DR.  
CITY-ST-ZIP SARASOTA FL 34232

1.1 TITLE P+D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ZENDEL, STEPHEN A. V/P, D ☐ Change ☒ Addition  
2.2 NAME 3553 E. FOREST LAKE DR  
2.3 STREET ADDRESS SARASOTA, FL 34232  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S/T, D ☐ Change ☒ Addition  
3.2 NAME GRIGG, VERNON H.  
3.3 STREET ADDRESS 4440 MACLEACHEN BLVD  
3.4 CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry M. ZenDEL SHERRY M. ZENDEL

1/6/97

941-491-0731

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)