

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000078539 (1)

1. Corporation Name

SANTA ROSA SWEETS INC.



Principal Place of Business

600 SCENIC HIGHWAY SUITE 316
PENSACOLA FL 32503

Mailing Address

600 SCENIC HIGHWAY SUITE 316
PENSACOLA FL 32503

3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

ARCHIBOLD HOVANEJIAN JR ESQ
600 SCENIA HWY,
SUITE 223
PENSACOLA FL 32503

INCORRECT SPELLING!
INCORRECT SPELLING!
CORRECTED INFORMATION

NAME ARCHIBOLD HOVANESIAN, JR., ESQ
22 Street Address (P.O. Box Number is Not Acceptable)
600 SCENIC HWY
23 SUITE 223
24 City
PENSACOLA, FL 8 FL 85 Zip Code
32503

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 filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	JOHN C. HOVENSIAN	INCORRECT SPELLING!
STREET ADDRESS	5951 OGLESBY RD	
CITY-STATE-ZIP	MILTON FL 32570	
TITLE	GCS	DELETE <input type="checkbox"/>
NAME	ARCHIBOLD HOVANSIAN JR	INCORRECT SPELLING!
STREET ADDRESS	600 SCENIA HWY, STE 223	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JOHN C. HOVANESIAN	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS	CORRECTED INFORMATION	
1.4 CITY-STATE-ZIP		
2.1 TITLE	ARCHIBOLD HOVANSIAN JR	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS	600 SCENIC HWY, STE 223	
2.4 CITY-STATE-ZIP	PENSACOLA, FL 32503	
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 7, 1996 (904) 436-4461

CR2E034 (12/95)