SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 9:49

DOCUMENT # P95000000375 (2)

1. Corporation Name

C & C FOOD CORPORATION

Principal Place of Business	Mailing Address
10011 WEST HILLSBOROUGH AVENUE TAMPA FL 33615	10011 WEST HILLSBOROUGH AVENUE TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21 701 S. DALE MABRY
Suite, Apt. #, etc. 22
City & State 23 TAMPA, FL
Zip 24 33609 Country 25 U.S.A.

2a. Mailing Address
26 9806 MAKO CT.
Suite, Apt. #, etc. 27
City & State 28 TAMPA, FL
Zip 29 33615 Country 30 U.S.A.

4. FEI Number 59-3385545 ☐ 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

CHAUDHRY, OMAR T
10011 WEST HILLSBOROUGH AVENUE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: CHAUDHRY, OMAR T
82 Street Address (P.O. Box Number is Not Acceptable): 9806 MAKO CT.
83
84 City: TAMPA FL 85 Zip Code: 33615

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: _____ (Required if registered agent is a corporation) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHAUDHRY, OMAR T 10011 W. HILLSBOROUGH AVE. TAMPA FL 33615	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D ☒ Change ☐ Addition CHAUDHRY, OMAR T 9806 MAKO CT. TAMPA, FL 33615
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHAUDHRY, IQBAL T 10011 W. HILLSBOROUGH AVE. TAMPA FL 33615	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	D ☒ Change ☐ Addition CHAUDHRY, IQBAL T 7911 SHOREBLUFF CT. TAMPA, FL 33637
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (3/95)

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)(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 added to this report.

SIGNATURE: _____ Omar T. Chaudhry 7-10-95 (813)891-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0100715 CP