

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017801 (8)

1. Corporation Name

HAPPLE FOODS, INC.



Principal Place of Business

4580 OVERLOOK, #294
ST. PETERSBURG FL 33703

Mailing Address

4580 OVERLOOK, #294
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified
03/02/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 9745 International Court

2a. Mailing Address

26 9745 International Court 59-3309569

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Petersburg, Florida

28 St. Petersburg, Florida

Zip

Country

Zip

Country

24 33716

25 USA

29 33716

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

AVIS, RICHARD T ESQ.
1325 SNELL ISLE BLVD.
SUITE 205-C
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name Charles L. Stuart
82 Street Address (P.O. Box Number is Not Acceptable)
100 2nd Ave. South, Suite 606
83
84 City St. Petersburg, FL 85 Zip Code 33701

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 Charles L. Stuart

Charles L. Stuart

5/24/96

Signature typed or printed name of registered agent (if different from above)

(If 1011 Registered Agent Signature required, then restate signature)

Date

12. OFFICERS AND DIRECTORS

TITLE President
NAME James A. Happel
STREET ADDRESS 4580 Overlook Dr., N.E. #294
CITY-ST-ZIP St. Petersburg, FL 33703

☐ DELETE

TITLE
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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: James A. Happel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Happel

5-24-96

Date

522-3541

Daytime Phone #

CR2E034 (12/95)