

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 # P95000020881 (5)

1. Corporation Name

GRANADA GOURMET, INC.



Principal Place of Business

Mailing Address

8 FERNWOOD TRAIL  
ORMOND BEACH FL 32174

8 FERNWOOD TRAIL  
ORMOND BEACH FL 32174

153 E. GRANADA BLVD  
ORMOND BCH, FL 32176

153 E. GRANADA BLVD  
ORMOND BCH, FL 32176

2. Principal Place of Business

2a. Mailing Address

21 153 E. GRANADA BLVD

26 153 E. GRANADA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ORMOND

27

City & State

City & State

23 ORMOND BEACH FL

28 ORMOND BEACH FL

Zip

Country

Zip

Country

24 32176

25 FLORIDA

29 32176

30 FLORIDA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

4. FEI Number

59-3311765

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

DIRSCHERL, DONNA E  
8 FERNWOOD TRAIL  
ORMOND BEACH FL 32174

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

*Donna E. Dirscherl*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DIRSCHERL, DONNA E  
STREET ADDRESS 8 FERNWOOD TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ DELETE  
NAME RAINES, SHIRLEY W  
STREET ADDRESS 17 FOX HOLLOW DR.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

*Donna E. Dirscherl* Donna E. Dirscherl

DATE

4/30/96

904-677-0470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)