

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000099837 (2)

1. Corporation Name

GULF COAST SPECIALTY FOODS, INC.



Principal Place of Business

2806 N. Armenia  
400 NORTH TAMPA STREET, SUITE 2630  
TAMPA FL 33602 33607

Mailing Address

POST OFFICE BOX 180  
TAMPA FL 33601-0180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2806 N. Armenia  
Suite, Apt. #, etc.

22 City & State  
Tampa, FL

23 Zip  
33607

Country

25 Hillsborough

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

12/10/1996

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AGLIANO, JOHN J  
400 NORTH TAMPA STREET, SUITE 2630  
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME AGLIANO, JOHN J  
STREET ADDRESS 400 NORTH TAMPA STREET, SUITE 2630  
CITY-ST-ZIP TAMPA FL 33602

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President (P) (D)  
1.2 NAME Curt A. Agliano  
1.3 STREET ADDRESS 2806 N. Armenia  
1.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

2.1 TITLE Sexton Valenti, III  
2.2 NAME Vice President (V) (D)  
2.3 STREET ADDRESS 2806 N. Armenia  
2.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

3.1 TITLE S, T, D  
3.2 NAME Kiely M. Agliano  
3.3 STREET ADDRESS 2806 N. Armenia  
3.4 CITY-ST-ZIP Tampa, FL 33607

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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

4/27/98 1012 758-8895

CR2E034 (10/97)