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Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90002 003 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096775

1. Corporation Name
ORMOND FOODS, INC.

Principal Place of Business

2503 HIGHWAY 60 EAST
VALRICO FL 33594

Mailing Address

2503 HIGHWAY 60 EAST
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

65-0807023

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 116 S. NOVA RD.

2a. Mailing Address

26 PO Box 526

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORMOND BEACH

City & State

28 DELAND FL.

Zip

24 32174

Country

25 VOL.

Zip

29 32721

Country

30 VOL.

9. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR
750 W LUMSDEN ROAD
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

82 ENZO BOCCAROSSA

83 Street Address (P.O. Box Number is Not Acceptable)

84 116 S. NOVA RD.

85 City

86 ORMOND BEACH

FL

87 Zip Code

88 32174

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, or typed or printed name of registered agent and title if applicable.

ENZO BOCCAROSSA

(NOTE: Registered Agent signature required when reinstating)

6-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME KAZBOUR, TALAL
STREET ADDRESS 2503 HWY 60-E
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 PRES. ☐ Change ☐ Addition
1.2 NAME ENZO BOCCAROSSA
1.3 STREET ADDRESS 116 S. NOVA RD.
1.4 CITY-ST-ZIP ORMOND BEACH FL. 32174

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-99 904 8224730

Date

Daytime Phone #

CR2E034 (11/98)