

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 11:02

DOCUMENT # S02379 (3)

1. Corporation Name
EISELE FROZEN PRODUCTS, INC.

Principal Place of Business Mailing Address
**537 SANDY OAKS BLVD. 537 SANDY OAKS BLVD.
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1990		3a. Date of Last Report 06/27/1994	
4. FEI Number 59-3051698		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				59-3051698				Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
22				27				6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State				City & State				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			
23				28				24				25			
Zip				Country				Zip				Country			
24				25				29				30			

9. Name and Address of Current Registered Agent
**LEWIS, LESTER A.
149 S. RIDGEWOOD AVENUE
SUITE 301
DAYTONA BEACH FL 32114**

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when completing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.			
TITLE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				12 NAME			
STREET ADDRESS				13 STREET ADDRESS			
CITY ST ZIP				14 CITY ST ZIP			
TITLE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY ST ZIP				24 CITY ST ZIP			
TITLE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY ST ZIP				34 CITY ST ZIP			
TITLE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY ST ZIP				44 CITY ST ZIP			
TITLE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY ST ZIP				54 CITY ST ZIP			
TITLE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY ST ZIP				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 110 07(3)(b), 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: GREGG EISELE 6/12/95 904-673-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #

CR2E034 (3/95)