

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # S02379 (3)**  
 1. Corporation Name  
**EISELE FROZEN PRODUCTS, INC.**



Principal Place of Business Mailing Address  
**537 SANDY OAKS BLVD. ORMOND BEACH FL 32174**  
**537 SANDY OAKS BLVD. ORMOND BEACH FL 32174-6129**

3. Date Incorporated or Qualified **09/26/1990** 3a. Date of Last Report **10/04/1996**  
 4. FEI Number **59-3051698** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**LEWIS, LESTER A**  
**770 W. GRANADA BLVD.**  
**SUITE 020**  
**ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent  
 81 Name **Same**  
 82 Street Address (P.O. Box Number is Not Acceptable) **630 N. Wild Olive Ave.**  
 83 **Suite B**  
 84 City **Daytona Beach** FL 85 Zip Code **32118**

11. Pursuant to the provisions of Sections 607.003 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]* **Lester A. Lewis** **4/24/97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOT: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>EISELE, GREGG</b>	
STREET ADDRESS	<b>537 SANDY OAKS BLVD.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>EISELE, SUSAN</b>	
STREET ADDRESS	<b>537 SANDY OAKS BLVD.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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: *[Signature]* **GREGG EISELE** **4/21/97** **(904)677-1570**

CR2E034 (9/96)