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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S75357** (1)

1. Corporation Name

**BIG RED FOOD PRODUCTS CO.**

Principal Place of Business

**311 S. SECOND ST.  
FT. PIERCE FL 34950**

Mailing Address

**311 S. SECOND ST.  
FT. PIERCE FL 34950**



3. Date Incorporated or Qualified  
**08/22/1991**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEILL, RICHARD V.  
311 S. SECOND STREET  
FT. PIERCE FL**

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

Sign in type or print name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CD  
NEILL, RICHARD V.  
311 S. 2ND STREET  
FT. PIERCE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VPSD  
NEILL, DAVID  
2709 MCNEIL ROAD  
FT. PIERCE FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P  
PARKER, HENRY M  
436 - 37TH AVE  
VERO BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND INKED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (305) 633-6551  
Date Daytime Phone #

CR2E034 (12/95)