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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V34606** (6)

1. Corporation Name

TROPICAL FROZEN FOODS, INCORPORATED



Principal Place of Business

**2499 OLD LAKE MARY ROAD
STE. 110
SANFORD FL 32771**

Mailing Address

**P.O. BOX 852392
LAKE MARY FL 32785-2392**

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
01/08/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VIGGIANI, JOHN
2499 OLD LAKE MARY ROAD
STE. 110
SANFORD FL 32771**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or the full name of the registered agent and the corporation

Agent's Signature and Date of Appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VIGGIANI, JOHN**
STREET ADDRESS **2499 OLD LAKE MARY ROAD**
CITY-STATE-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE

NAME **DCP**
STREET ADDRESS **MCDANEL, SANDRA**
CITY-STATE-ZIP **2499 OLD LAKE MARY ROAD**
SANFORD FL 32771

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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 on an attachment with an address.

SIGNATURE

S. MCDANEL, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96
DATE

407-324-5707
OFFICE PHONE

CR2E034 (12/95)