FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

1996

DOCUMENT # V34606

(6)

TROPICAL FROZEN FOODS, INCORPORATED

THORIOGE PROZEN 1 0000; IN				
Principal Place of Business	Mailing Address			
2499 OLD LAKE MARY ROAD	P.O. BOX 952392	9303	1	
STE. 110 SANFORD FL 32771	LAKE MARY FL 32795	-2382		
SHIE OND TE SETT			3. Date Incorporated or Qualified 05/01/1992	3a. Date of Last Report 01/08/1996
2. Principal Place of Business	2a. Maling Address		4. FEI Number	Applied For
21	26		59-3120603	Not Applicable
Suite, Apt. #, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		3. Certificate of Status Desired	Fee Required
Orty & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to rees
Zip Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032, s. M No
24 25	[29]	30	10. Name and Address of New F	
9. Name and Address of Cu	rrent Hegistered Agent	81 Name	IV. Home and Address of New F	108-10-10 LiBour
LEGGIANII IOISH				
VIGGIANI, JOHN		82 Street Add	fress (P.O. Box Number is Not Acceptal	ble)
2499 OLD LAKE MARY ROAD		83		
STE. 110 SANFORD FL 32771				
SANFURU PL 32//1		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607	0-00 - 1007 (E0.) Finds Ord	ton the above convet come	vision subjects this statement for the Di-	roose of changing its registered office
or registered agent, or both, in the State of	Florida. Such change was author	nzed by the corporation's bu	ard of directors. Thereby accept the app	pointment as registered agent. Lam
familiar with, and accept the obligations of,	Section 607.0505, Florida Statut	es.		
SIGNATURE Support or typed or the led name of resistons	and the state of the state of the	taute. Praje teorio Ajes I a un al ar teori	solveta ero tato i	DATE
	S AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TILLE V	[] DELETE	1 1 TITLE		Change Addition
NAME VIGGIANI, JOHN		1.2 NAME		
STREET ADDRESS 2499 OLD LAKE MARY R	OAD	1.3 STREET ADDRESS		
City-St-ZiP SANFORD FL 32771		1.4 C+1 Y + S1 + Z1P		
TIFLE DCP	DELFTE	2 1 II'IE		Change Addition
NAME MCDANEL, SANDRA		2.2 NAME		
STREET ADDRESS 2499 OLD LAKE MARY R	OAD	2.3 STREET ADDRESS		
CITY-ST-ZIP SANFORD FL 32771		2.4.CiTy+ST+ZiP		
TITLE	DELETE	3 1 1016		Change Addition
NAME		3.2 NAME		
SIREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-7IP		3.4 C/TY ST-241		
TITLE	DELETE	4 * TI*(F		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		43 STREET ADDRESS		
City - St - ZiP		4.4 C(1) - \$1 - Z(P		
THLE	DELETE	5 1 1141 F		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREFT ADDRESS		
CITY - ST- ZIP		54 CITY ST Z-P		
TITLE	DELETE	6.1111.8		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP		6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Fiorida 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 trusted 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 AND TYPED OF PRINTED NAME OF SIGNING

S MODANEL, W

4/28/16

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