

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JACKIE B. HARRIS
Secretary of State
1995

**APPROVED
AND
FILED**

DOCUMENT # V37422

(5)

55 MAY - 1 PM 10: 23

SUNNY DAY FOODS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**639 CHESTNUT ST
CLEARWATER FL 34616**

**639 CHESTNUT ST
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	26. Mailing Address
21. State of Incorporation	25. State of Incorporation
22. Date of Incorporation	27. Date of Incorporation
23. Date of Last Report	28. Date of Last Report
24. Date of Last Report	29. Date of Last Report
25. Date of Last Report	30. Date of Last Report

3. Date of Report	3a. Date of Last Report
05/18/1992	08/15/1994
4. FE Number	Applied For
59-3122131	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. The Corporation's Liability for Intangible Tax Under S. 190, F.S.	Florida Statutes
Yes	No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KATHAN, GREGORY A. 639 CHESTNUT ST. CLEARWATER FL 34616	81. Name
	82. Street Address of Office (If a Number is Not Acceptable)
	83. City
	84. State
	FL 85. Zip Code

11. I, the undersigned, the person named in the name of the corporation, hereby certify that the information supplied in this statement for the purpose of filing is true and correct. I am a registered agent in the State of Florida and I am authorized to file this statement on behalf of the corporation. I hereby accept the appointment as registered agent of the corporation.

Signature of Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS (If any)
NAME: KATHAN, GREGORY A. 639 CHESTNUT ST. CLEARWATER FL	NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: KATHAN, CHRISTINE S.C. 639 CHESTNUT ST. CLEARWATER FL	NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
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NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ OFFICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2)(b), Florida Statutes. I further certify that the information is not required by the corporation or its officers and directors and that my signature shall have the same legal effect as if made under oath. The corporation is not liable for the information in this report or for any information it provides to the public. I hereby report as required by Chapter 190, Florida Statutes, and that my report appears in Block 1, of the Florida Department of State's annual report.

SIGNATURE: _____
SIGNATURE AND TYPE D OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

April 27, 1995

817 525-4137