FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V57792** **(6)**

1. Corporation Name

MERRITT ISLAND FOOD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1800 SECOND ST SUITE 900 SARASOTA FL 34236	1800 SECOND ST SUITE 900 SARASOTA FL 34236

2. Principal Place of Business	2a. Mailing Address
21 520 North Courtenay Pkwy	26 1999 Lincoln Drive, 202B
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Merritt Island, Fl. 32953	28 City & State: Sarasota, Fl. 34236
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **08/13/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0351593** ☐ 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

9. Name and Address of Current Registered Agent

ACKERMAN, GARY D
~~1800 SECOND ST~~
SUITE 900
SARAOSTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1999 Lincoln Drive, Suite 202B

83

84 City: Sarasota, Fl. 34236 **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 _____ DATE _____
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent's signature is required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COFFIN, CHRISTOPHER J.		1.2 NAME		
STREET ADDRESS	~~1800 SECOND ST., SUITE 900~~		1.3 STREET ADDRESS	1999 Lincoln Drive, Suite 202B	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ACKERMAN, GARY D.		2.2 NAME		
STREET ADDRESS	~~1800 SECOND ST., SUITE 900~~		2.3 STREET ADDRESS	1999 Lincoln Drive, Suite 202B	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ V.P 4/2/96 941-365-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #