

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57792** (6)

1. Corporation Name

MERRITT ISLAND FOOD ASSOCIATES, INC.

Principal Place of Business

520 N COURTENAY PKWY

MERRITT ISLAND FL 32593

US

Mailing Address

1999 LINCOLN DR 202B

SARASOTA FL 34236-0120

US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/13/1992

3a. Date of Last Report

04/12/1996

4. FEI Number

65-0351593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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
1999 LINCOLN DR SUITE 202B
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE

GARY D. ACKERMAN, VPS AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-97

12. OFFICERS AND DIRECTORS

TITLE

PT

☐ DELETE

NAME

COFFIN, CHRISTOPHER J.

STREET ADDRESS

1999 LINCOLN DR SUITE 202B

CITY- ST- ZIP

SARASOTA FL

TITLE

VPS

☐ DELETE

NAME

ACKERMAN, GARY D.

STREET ADDRESS

1999 LINCOLN DR SUITE 202B

CITY- ST- ZIP

SARASOTA FL

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

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CITY- ST- ZIP

TITLE

NAME

☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 applicable, or on an attachment with an address.

SIGNATURE:

CHRISTOPHER J. COFFIN

Date

941-365-4300

Daytime Phone #

0427659

CR2E034 (9/96)