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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # V63060 (0)

1. Corporate Name
ZENO'S FOODS, INC.

Principal Place of Business
305 US 27 NO
SEBRING FL 33870

Mailing Address
305 US 27 NO
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 05/01/1994

2. Previous Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-3140916
Applied For
Not Applicable

City, State, Zip
22
City, State, Zip
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23
City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Does corporation has ability to interpret for under S. 179.010 Florida Statutes? X Yes ☐ No

9. Name and Address of Current Registered Agent

SACCO, JOEY B.
305 US 27 NO
SEBRING FL 33870

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 Section 607.0505 of the 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. The change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SACCO, JOEY B.
STREET ADDRESS	305 US 27 NO
CITY, ST, ZIP	SEBRING FL
TITLE	D
NAME	SACCO, JAMES D.
STREET ADDRESS	305 US 27 NO
CITY, ST, ZIP	SEBRING FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
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CITY, ST, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurate and does not conflict, for the purposes stated in Section 607.0505, 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 officer, director or agent of the corporation or the person or persons designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereunder, or on an attached sheet with an address.

SIGNATURE: [signature] 1-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0014277 CP