

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 OCT 21 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63060**

AMENDED ANNUAL REPORT

1. Corporation Name

ZENO'S FOODS, INC.

Principal Place of Business
**305 US 27 North
Sebring, FL 33870**

Mailing Address
**305 US 27 North
Sebring, FL 33870**

2. Principal Place of Business	2a. Mailing Address
21 267 US 27 North	26 267 US 27 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Sebring, FL	City & State 28 Sebring, FL
Zip 24 33870	Zip 29 33870
Country 25	Country 30

3. Date Incorporated or Qualified 9/8/92	3a. Date of Last Report 4/22/96
4. FEI Number 59-3140916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Sacco, Joey B.
305 US 27 North
Sebring, FL 33870**

10. Name and Address of New Registered Agent

81 Name Makris, Deborah
82 Street Address (P.O. Box Number is Not Acceptable) 267 US 27 North
83
84 City Sebring
85 Zip Code FL 33870

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 ☒

Signature, typed or printed name of registered agent and title if applicable.

Deborah Makris

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Sacco, Joey B.	
STREET ADDRESS	305 US 27 North	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Sacco, James D.	
STREET ADDRESS	305 US 27 North	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Makris, Deborah	
1.3 STREET ADDRESS	267 US 27 North	
1.4 CITY-ST-ZIP	Sebring, FL 33870	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800001987458--7	
2.3 STREET ADDRESS	-10/28/96--01063--003	
2.4 CITY-ST-ZIP	*****61.25 *****61.25	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Deborah Makris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/96 471-9844

Date Daytime Phone #

CR2E034 (3/96)