

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 478658

**Entity Name:** STURDIVENT FOODS, INC.

**Current Principal Place of Business:**

5566 SHIRLEY STREET .  
NAPLES, FL 34109

**Current Mailing Address:**

PO BOX 10533  
NAPLES, FL 34101 US

**FEI Number:** 59-1618995

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STURDIVENT, MARK B.  
5566 SHIRLEY STREET  
NAPLES, FL 34109 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name STURDIVENT, MARK B.  
Address 6411 SABLE RIDGE LANE  
City-State-Zip: NAPLES FL 34109

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK B. STURDIVENT

PD

04/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date