2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Oct 01, 2004 8:00 am **Secretary of State DOCUMENT # 633240** 1. Entity Name 10-01-2004 90001 019 ***150.00 LOOPERS FOOD SERVICE, INC. Mailing Address Principal Place of Business 1395 E. LAFAYETTE ST. TALLAHASSEE FL 32301 1395 E. LAFAYETTE ST. TALLAHASSEE FL 32301 54073777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 59-1928995 Not Applicable Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABASKY, RONALD A. 318 NORTH MONROE STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSE FL 32302 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ☐ Change ☐ Addition SCRANTON JR, PAUL NAME NAME **4810 LANCASHURE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 00000 32308 CITY-ST-ZIP ☐ Addition ☐ Delete Change ST TITLE TITLE SCRANTON, PATTY NAME NAME STREET ADDRESS **4810 LANCASHURE LANE** STREET ADDRESS TALLAHASSEE, FL 00000 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-7IE ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS م م_ورز . CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED