FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **824715** **(7)**

1. Corporation Name
GARDNER MERCHANT FOOD SERVICES, INC.

Principal Place of Business	Mailing Address
4 TREFOIL DRIVE 4 TREFOIL DR TRUMBULL CT 06852-2109 US	4 TREFOIL DRIVE P.O. BOX 1006 TRUMBULL CT 06852-2109 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/23/1970**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **06-0839950** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HUTCHINSON, RICHARD	12 NAME		
STREET ADDRESS	4 TREFOIL DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL CT	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	TOTMAN, HUGH	22 NAME		
STREET ADDRESS	301 WAVERLY RD	23 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON CT	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, RODERICK	32 NAME		
STREET ADDRESS	KENLEY HOUSE, KENLEY LANE	33 STREET ADDRESS		
CITY-ST-ZIP	KENLEY SURREY EN	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	REINSEL, ROBERT	42 NAME	Robert Reinsel	
STREET ADDRESS	203 E. 2ND AVE	43 STREET ADDRESS	4721 morrison drive	
CITY-ST-ZIP	ESCONDIDO CA	44 CITY-ST-ZIP	mobile, AL 36609	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	ORR, PAM	52 NAME		
STREET ADDRESS	4 TREFOIL DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL CT	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	REEHER, LARRY	62 NAME		
STREET ADDRESS	4 TREFOIL DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL CT	64 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)(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 changed, or on an attachment with an address.

SIGNATURE: Robert Reinsel Robert Reinsel 4/19/95 205-344-5000, EXT 201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483000 FN