

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000020162 (2)

1. Corporation Name

MID-STATE FOODSERVICE, INC.



Principal Place of Business

13129 CIMARRON CIRCLE, NORTH
LARGO FL 34644

Mailing Address

~~13129 CIMARRON CIRCLE, NORTH
LARGO FL 34644~~

2. Principal Place of Business

21 3800 S. Orange Blossom

Suite, Apt. #, etc. Trail

22

23 Orlando, FL

24 Zip 25 Country

26 1304 North Bay Street

Suite, Apt. #, etc.

27

28 Kissimmee, FL

29 Zip 30 Country

31 34744

3. Date Incorporated or Qualified

03/17/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

59-3170577

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

GEORGE L. HAYES, III SERVICES I
696 FIRST AVE N
STE 303
ST. PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME YOUNESS, DANIEL W
STREET ADDRESS 13129 CIMARRON CIRCLE, NORTH
CITY-ST-ZIP LARGO FL 34644

TITLE D DELETE
NAME YOUNESS, ANGELINE
STREET ADDRESS 13129 CIMARRON CIRCLE, NORTH
CITY-ST-ZIP LARGO FL 34644

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME YOUNESS, DANIEL W.
1.3 STREET ADDRESS 13000 PARK BLVD.
1.4 CITY-ST-ZIP SEMINOLE, FL 34646

2.1 TITLE Change Addition
2.2 NAME YOUNESS, ANGELINE
2.3 STREET ADDRESS 13000 PARK BLVD.
2.4 CITY-ST-ZIP SEMINOLE, FL 34646

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/20/96 497 847-2852

CR2E034 (12/95)