

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

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AND  
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**95 APR 18 PM 7:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S68010 (5)**

1. Corporation Name  
**FOOD SUPPLY, INC.**

Principal Place of Business <b>240 NORTH SEGRAVE STREET DAYTONA BEACH FL 32114</b>	Mailing Address <b>240 NORTH SEGRAVE STREET DAYTONA BEACH FL 32114</b>
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DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified <b>07/23/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>50-3075766</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CROTTY, E. WILLIAM  
240 NORTH SEGRAVE STREET  
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 fee if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SACKS, DAVID</b>
STREET ADDRESS	<b>38 TWIN RIVERS</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SOUZA, JAMES</b>
STREET ADDRESS	<b>2453 AVOCADO DRIVE</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>MOTZEL, STEPHEN</b>
STREET ADDRESS	<b>32 MARJORIE TRAIL</b>
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SACKS, LEONARD</b>
STREET ADDRESS	<b>935 N. GRANDVIEW AVENUE</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard Sacks* **4/13/95** (904) 252-3746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 607