

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **S68010** (5)  
1. Corporation Name  
**FOOD SUPPLY, INC.**



Principal Place of Business  
**240 NORTH SEGRAVE STREET  
DAYTONA BEACH FL 32114**

Mailing Address  
**240 NORTH SEGRAVE STR  
DAYTONA BEACH FL 32114**

3. Date incorporated or Qualified **07/23/1991** 3a. Date of Last Report **04/18/1995**

4. FEI Number **59-3075766** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. Country 28. Zip 30. City

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

31. Name

32. Street Address (P.O. Box Number is Not Acceptable)

33.

34. 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 and the date printed

DATE \_\_\_\_\_  
Date of signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. NAME
NAME	<b>SACKS, DAVID</b>	2. STREET ADDRESS
STREET ADDRESS	<b>36 TWIN RIVERS</b>	3. CITY-STATE-ZIP
CITY-STATE-ZIP	<b>ORMOND BEACH FL</b>	4. NAME
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5. STREET ADDRESS
NAME	<b>SOUSA, JAMES</b>	6. CITY-STATE-ZIP
STREET ADDRESS	<b>2453 AVOCADO DRIVE</b>	7. NAME
CITY-STATE-ZIP	<b>DAYTONA BEACH FL</b>	8. STREET ADDRESS
TITLE	<b>D</b> <input type="checkbox"/> DELETE	9. CITY-STATE-ZIP
NAME	<b>MOTZEL, STEPHEN</b>	10. NAME
STREET ADDRESS	<b>32 MARJORIE TRAIL</b>	11. STREET ADDRESS
CITY-STATE-ZIP	<b>ORMOND BEACH FL</b>	12. CITY-STATE-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	13. NAME
NAME	<b>SACKS, LEONARD</b>	14. STREET ADDRESS
STREET ADDRESS	<b>935 N. GRANDVIEW AVENUE</b>	15. CITY-STATE-ZIP
CITY-STATE-ZIP	<b>DAYTONA BEACH FL</b>	16. NAME
TITLE	<input type="checkbox"/> DELETE	17. STREET ADDRESS
NAME		18. CITY-STATE-ZIP
STREET ADDRESS		19. NAME
CITY-STATE-ZIP		20. STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	21. CITY-STATE-ZIP
NAME		22. NAME
STREET ADDRESS		23. STREET ADDRESS
CITY-STATE-ZIP		24. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY-STATE-ZIP	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY-STATE-ZIP	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	
15. CITY-STATE-ZIP	
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	
18. CITY-STATE-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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/24/96** Daytime Phone #: **(904) 252-3746**

CR2E034 (12/95)