FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:08

DOCUMENT # 706242 (5)

1. Corporation Name
FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
124 SALEM COURT TALLAHASSEE FL 32301	124 SALEM COURT TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1963
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-6044207 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUDD, FRANK EXECUTOR DIRECTOR
C/O FLORIDA SCHOOL SERVICE ASSOC
124 SALEM COURT
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	TD	1.1 TITLE	Treasurer TD	☑ Change ☐ Addition
NAME	STRICKLAND, PAT	1.2 NAME	Frank Mullins	
STREET ADDRESS	817 OSCEOLA BLVD	1.3 STREET ADDRESS	1990 25th Street	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Vero Beach FL 32960	
TITLE	VP	2.1 TITLE	President	☑ Change ☐ Addition
NAME	BAILEY, THHA	2.2 NAME	Bailey, Ethna	
STREET ADDRESS	11111 S. BELCHER RD	2.3 STREET ADDRESS	11111 S. Belcher Rd	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo FL 34643-5204	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	EHRHART, SUSAN	3.2 NAME		
STREET ADDRESS	PO BOX 391	3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	V D	☑ Change ☐ Addition
NAME	MORROW, CAROLYN	4.2 NAME	Thorsen, Beth	
STREET ADDRESS	2055 CENTRAL AVENUE	4.3 STREET ADDRESS	7061 Garden Rd	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RUDD, FRANK	5.2 NAME		
STREET ADDRESS	124 SALEM CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Rudd 2/2/95 904/878-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)

000204?