FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 188142 (4)

1. Corporation Name

FLORIDA FOOD SERVICE, INC.

Principal Place of Business
317 N.E. 35TH AVE.
GAINESVILLE FL 32609

Mailing Address
P O BOX 5247
GAINESVILLE FL 32602
US

3. Date Incorporated or Qualified: 10/01/1955

3a. Date of Last Report: 03/10/1995

4. FEI Number: 59-0756596 — 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 — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

ISLAM, SKENDER H.
5020 N.W. 19TH PLACE
GAINESVILLE FL 32605

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 607.1505, 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: Skender H Islam, PRESIDENT (NO CHANGE) SHI — DATE 3/4/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	HAZOURI, JOHNNY	
STREET ADDRESS	2311 GREEN ST	
CITY-ST-ZIP	S. DAYTONA FL	
TITLE	VP	☐ DELETE
NAME	O'STEEN, STEVE M.	
STREET ADDRESS	4001 N.W. 31 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	☐ DELETE
NAME	ISLAM, SKENDER H	
STREET ADDRESS	5020 N.W. 19 PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	☐ DELETE
NAME	ISLAM, JEFFREY S.	
STREET ADDRESS	3933 N.W. 39 COURT	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	☐ DELETE
NAME	ISLAM, JOEL S.	
STREET ADDRESS	1724 N.W. 51ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D.	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D.	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T/D	☐ 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: Skender H Islam, PRESIDENT — 3/4/96 — 904-372-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)