FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 188142

FLORIDA FOOD SERVICE, INC.

Principal Place	of Business	Mailing Address						
5201 N.W. 40 TERR P O BOX 5247					i			
GAINESVILLE FI		GAINESVILLE FL 32627					0405	
US		US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					10/01/1955		 _	
Principal Place of Business 2a. Mailing Address					4. FEI Number		A	Applied For
5201 N	E 40 TERRACE	26			59-0756596		<u>N</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ì		Additional
22		27			3. Certificate of Status Desired	<u> </u>	Fee F	Required
City & State	9	City & State			6. Election Campaign Financing	,	\$5.00	May Be
23 GAINE	SVILLE FL	28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	У	8. This corporation owes the current	year Intar	gible	
3260	9 25 USA	29	0		Personal Property Tax.	<u></u>	Yes	□No
	9. Name and Address of Current	Registered Agent	·		10. Name and Address of New Regi	stered A	jent	
			8	1 Name				
ISLAM S JAMES					Address (D.O. Day Market in Not Apportunity			
5020		8	2 Street	Street Address (P.O. Box Number is Not Acceptable)				
GAIN	ESVILLE FL 32605		8	3				
				1				
			8	4 City		FL	85 Zip	Code .
		1003 4500 FL : 1 Grand	45	.l. <u></u>	and a submit the statement for the pur		anging if	te registered
11. Pursuant t	to the provisions of Sections 507.0502 egistered agent, or both, in the State o	: and 607.1508, Florida Statutes of Florida. Such change was aut	i, the abo horized b	ve-named v the com	corporation submits this statement for the purporation's board of directors. I hereby accept the	e appoint	ment as r	registered
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Floric	ia Statute	s.				
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECT	FORE IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		Change	
TITLE	VPD	☐ DELETE	1.1 TITLE				A Change	,
NAME	HAZOURI, JOHNNY		1.2 NAME					
STREET ADDRESS	2311 GREEN ST		1.3 STRE	ET ADDRESS		2	2119	
CITY-ST-ZIP	S. DAYTONA FL		1.4 CITY-	ST-ZIP				
TITLE	VPD	☐ DELETE	2.1 TITLE			,	Change	e ☐ Addition
NAME	O'STEEN, STEVE M.		2.2 NAM					
STREET ADDRESS	4001 N.W. 31 TERRACE		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY	-ST-ZIP			2605_	
TITLE	PD	☐ DELETE	3.1 TITLE			,	Change	⊇ ☐ Addition
NAME	ISLAM S. JAMES		3.2 NAMI		/			
STREET ADDRESS	5020 N.W. 19 PL		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY	-ST-ZIP		3	2605	
TITLE	SD	☐ DELETE	4.1 TITLE				Change	e Addition
NAME	ISLAM, JEFFREY S.		4, 2 NAM			•	•	
i	3933 N.W. 39 COURT		1	= ET ADDRESS	4019 NW 23 DRIVE			
STREET ADDRESS					GAINESVILLE FL 32605			
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE	4.4 CITY-		CHILDVIDE IE 32003		Change	e 🔲 Addition
TITLE	TD	□ Detere	5.1 TITLE 5.2 NAMI			•		
NAME	ISLAM, JOEL S.			- ET ADDRESS				
STREET ADDRESS	1724 N.W. 51ST TERRACE					_	0665	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-				2605	Addition
TITLE		☐ DELETE	6.1 TITLE				Change	e
NAME			6.2 NAMI					ļ
STREET ADDRESS			6.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY	ST-ZIP				

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90075 014 ***158.75