

4-30-98 B- 5956 c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 323281 (6)
1. Corporation Name
CANTEEN SERVICES OF WEST FLORIDA INC



Principal Place of Business 214 WEST 34TH STREET PANAMA CITY FL 32405 US	Mailing Address 214 W 34TH STREET PANAMA CITY FL 32405 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1807 Connecticut Ave Suite, Apt. #, etc. 22 City & State Lynn Haven, FL 23 Zip 32444 24 Country BAY		2a. Mailing Address 26 1807 Connecticut Ave Suite, Apt. #, etc. 27 City & State Lynn Haven, FL 28 Zip 32444 29 Country BAY		3. Date Incorporated or Qualified 11/20/1967	
				4. FEI Number 59-1208927	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HACHMEISTER, HAROLD 214 W 34TH COURT PANAMA CITY FL 32405		10. Name and Address of New Registered Agent 81 Name Hachmeister, Harold 82 Street Address (P.O. Box Number is Not Acceptable) 1807 Connecticut Ave 83 84 City Lynn Haven FL 85 Zip Code 32444	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PO
NAME	HACHMEISTER, HAROLD	1.2 NAME	Hachmeister, Harold
STREET ADDRESS	214 W 34TH COURT	1.3 STREET ADDRESS	1807 Connecticut Ave
CITY-ST-ZIP	PANAMA CITY, FL 00000	1.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	S	2.1 TITLE	S
NAME	HACHMEISTER, PATSY L	2.2 NAME	Hachmeister, Patsy L.
STREET ADDRESS	214 W 34TH COURT	2.3 STREET ADDRESS	1807 Connecticut Ave
CITY-ST-ZIP	PANAMA CITY, FL 00000	2.4 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE _____

CR2E034 (10/97)