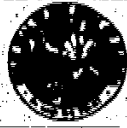


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **377428** (8)

1. Corporation Name  
**PARKWAY FOOD SERVICE, INC.**

Principal Place of Business      Mailing Address  
**5180-140TH AVE NORTH      5180-140TH AVE NORTH**  
**CLEARWATER FL 34632      CLEARWATER FL 34632**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/18/1971      08/14/1994**

4. FEI Number      Applied For  
**59-1314281      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. 189.032, 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      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**CAUGHEY, DANIEL P  
5080 CROSS PT DR.  
OLDSMAR FL 34677**

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      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, JAMES H.</b>	1.2 NAME	
STREET ADDRESS	<b>2880 WEATHERSFIELD CT.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, DAVID L</b>	2.2 NAME	
STREET ADDRESS	<b>325 DRAGON ROUGE DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENSBURG PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, CHARLES R.</b>	3.2 NAME	
STREET ADDRESS	<b>8000 ST. ANDREWS</b>	3.3 STREET ADDRESS	<b>JAMES H. PARKER</b>
CITY - ST - ZIP	<b>SEMINOLE FL</b>	3.4 CITY - ST - ZIP	<b>2210 BATTENKILL LANE</b> <b>GIBSONIA, PA 15044</b>
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, CAROL M</b>	4.2 NAME	
STREET ADDRESS	<b>2880 WEATHERSFIELD CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAUGHEY, DANIEL P</b>	5.2 NAME	
STREET ADDRESS	<b>5080 CROSS PT DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OLDSMAR FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REESE, MARJORIE</b>	6.2 NAME	
STREET ADDRESS	<b>325 DRAGON ROUGE DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREENSBURG PA</b>	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)(b), 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 addition.

SIGNATURE: *Daniel P. Caughey*      **Daniel P. Caughey**      Date: **4/13/95**      (Type Name)  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT      OFFICER OR DIRECTOR