

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

FILED

**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 377428 (8)

1. Corporation Name
PARKWAY FOOD SERVICE, INC.



Principal Place of Business 5160-140TH AVE NORTH CLEARWATER FL 34620	Mailing Address 5160-140TH AVE NORTH CLEARWATER FL 34620-3753
--	---

3. Date Incorporated or Qualified 02/18/1971	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1314281	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REESE, JAMES H.	
STREET ADDRESS	2869 WEATHERSFIELD CT.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REESE, DAVID L	
STREET ADDRESS	325 DRAGON ROUGE DR	
CITY - ST - ZIP	GREENSBURG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, JAMES H	
STREET ADDRESS	2210 BATTENKILL LANE	
CITY - ST - ZIP	GIBSONIA PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REESE, CAROL, M	
STREET ADDRESS	2869 WEATHERSFIELD CT	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAUGHEY, DANIEL P	
STREET ADDRESS	5080 CROSS PT DR	
CITY - ST - ZIP	OLDSMAR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REESE, MARJORIE	
STREET ADDRESS	325 DRAGON ROUGE DR	
CITY - ST - ZIP	GREENSBURG PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Daniel P. Caughey, CFO 3/27/97 813 532 3728

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

CR2E034 (9/96)