

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90023 034 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 441565**

1. Corporation Name  
**G.A. FOOD SERVICES OF PINELLAS COUNTY, INC.**

JAN 11 1999  
JAN 04 1999



Principal Place of Business 12200 32ND COURT NORTH ST. PETERSBURG FL 33716	Mailing Address 12200 32ND COURT NORTH ST. PETERSBURG FL 33716
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>12/10/1973</b>	4. FEI Number <b>59-1485677</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LOBIANCO, JAMES J.**  
12200 32ND COURT NORTH  
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *[Signature]* DATE: **1-5-99**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOBIANCO, KENNETH A	
STREET ADDRESS	8285 30TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOBIANCO, JAMES J	
STREET ADDRESS	2007 BAY VIEW DR	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOBIANCO, KAREN A	
STREET ADDRESS	2007 BAY VIEW DRIVE	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JAMES J. LOBIANCO</b>
2.3 STREET ADDRESS	<b>2061 OCEANVIEW DR</b>
2.4 CITY-ST-ZIP	<b>TIERRA VERDE, FL 33715</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KAREN A. LOBIANCO</b>
3.3 STREET ADDRESS	<b>2061 OCEANVIEW DR</b>
3.4 CITY-ST-ZIP	<b>TIERRA VERDE, FL 33715</b>
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 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: *[Signature]* DATE: **1-7-99**

CR2E034 (11/98)