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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 477637

1. Corporation Name

SOUTHERN FOOD SERVICE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90107 018 ***150.00



Principal Place of Business Mailing Address		
WINTER HAVEN FL 33880 DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 07/01/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number		
3. Date Incorporated or Qualifed 07/01/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 50-4640046		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 50.4640046		
50-1640046		
21 59-1649046		Applied For
		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired		Additional Required
City & State 6 Flortion Comparing Financing	\$5.0	0 May Be
23 Trust Fund Contribution		d to Fees
Zip Country Zip Country 8. This corporation owes the current year Inter	ngible	
24 [25]	☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent	
81 Name		
ABRANYI, AUREL 2037 SAN MARCOS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)		
#223 SE 83		
WINTER HAVEN FL 33880		
FL.	l J	p 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 cloffice 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	hanging tment as	its registered registered
SIGNATURE [Stephan, band or stitled some of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
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14. I hereby certify that the information supplied with this filling 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 bustee 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 an address, with all other like empowered.

SIGNATURE:

li required ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date