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

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90054 047 ****150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 549535

1. Corporation Name
PBF PROVISIONERS, INC.

Principal Place of Business	Mailing Address
6625 WHITE DRIVE RIVIERA BEACH FL 33407-1209	6625 WHITE DRIVE WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1977

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-1749635	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BROOME, WILLIAM R. H.
801 SPENCER DR.
WEST PALM BEACH FL 33409

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOPER, CHARLES R		1.2 NAME		
STREET ADDRESS	400 ARABIAN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOPER, CHARLES EDWARD		2.2 NAME		
STREET ADDRESS	306 EARL ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOPER, CHARLES R., JR.		3.2 NAME		
STREET ADDRESS	240A SOUTH COUNTY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOPER, LEELA		4.2 NAME		
STREET ADDRESS	400 ARABIAN RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 Leela R. Loper - See. 1/14/99 (561) 776-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #