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 20 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 588792 (2)

1. Corporation Name
INSTITUTIONAL FOOD BROKERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5116 E FOWLER AVENUE POST OFFICE BOX 291637 TAMPA FL 33687	5116 E FOWLER AVENUE POST OFFICE BOX 291637 TAMPA FL 33687

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/06/1978
3a. Date of Last Report: 01/25/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1854893 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate 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 (24) Country (25)
Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RAKOCY, F. J.
31438 SADDLE LN
ZEPHYRHILLS 33543

10. Name and Address of New Registered Agent

91 Name: Rose Rakocy
92 Street Address (P.O. Box Number is Not Acceptable): [illegible]
93
94 City: FL 95 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	S	1.1 TITLE	D	☑ Change ☐ Addition
NAME	RAKOCY, WANDA	1.2 NAME	Rakocy, Wanda	
STREET ADDRESS	31438 SADDLE LN.	1.3 STREET ADDRESS	31438 Saddle Lane	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Zephyrhills, Fl.	
TITLE	PD	2.1 TITLE	Deleted No Longer	☑ Change ☐ Addition
NAME	CAPLINGER, H NORMAN	2.2 NAME	With Corporation	
STREET ADDRESS	18410 SWAN LAKE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	P/D	☑ Change ☐ Addition
NAME	RAKOCY, F.J.	3.2 NAME	Rakocy, F.J.	
STREET ADDRESS	31438 SADDLE LN	3.3 STREET ADDRESS	31438 Saddle Lane	
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	Zephyrhills, Fl 33543	
TITLE	VD	4.1 TITLE	V/S	☑ Change ☐ Addition
NAME	PRYBYS, GEORGE	4.2 NAME	Prybys, George	
STREET ADDRESS	6004 PRATT STREET	4.3 STREET ADDRESS	6004 Pratt St.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	STIGLICH, DAVID	5.2 NAME		
STREET ADDRESS	727 FOREST GLEN COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: Y. J. Rakocy 4-17-95 813-986-9826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444883 FP