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 MAY -1 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **677750** **(2)**

1. Corporation Name

SOUTHEASTERN FOOD SYSTEMS, INC.

Principal Place of Business	Mailing Address
8609 EMERALD ISLE CIRCLE NORTH C/O JAMES A. ALMOND JACKSONVILLE FL 32216	8609 EMERALD ISLE CIRCLE NORTH C/O JAMES A. ALMOND JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/07/1980**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 8550 Beach Blvd
22: Suite, Apt. #, etc.
23: City & State: Jacksonville
24: ZIP: 32216
25: County: Duval

2a. Mailing Address
26: 8550 Beach Blvd
27: Suite, Apt. #, etc.
28: City & State: Jacksonville
29: ZIP: Fl 32216
30: Country

4. FEI Number: **59-2009199** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ALMOND, JAMES A.
8609 EMERALD ISLE CIRCLE NORTH
JACKSONVILLE FL 32216

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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	Vice President - Secy Treas	☑ Change ☐ Addition
NAME	ALMOND, AUDREY I	12 NAME	Audrey I. Almond	
STREET ADDRESS	8609 EMERALD ISLE CIR NO	13 STREET ADDRESS	8609 Emerald Isle Cir N o	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	Jacksonville Fl 32216	
TITLE	COB	21 TITLE		☐ Change ☐ Addition
NAME	ALMOND, JAMES A	22 NAME		
STREET ADDRESS	8609 EMERALD ISLE CIR NO	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	ALMOND, GARY W	32 NAME		
STREET ADDRESS	8609 EMERALD ISLE CIR NO	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE, FL 00000	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	ALMOND, TERRI L	42 NAME		
STREET ADDRESS	8609 EMERALD ISLE CIR NO delete	43 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Audrey I. Almond 4/26/95 (904)642-3657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUDREY I ALMOND

0018062 CP