

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **813838** (0)

1. Corporation Name
SUPER FOOD SERVICES, INC.



Principal Place of Business: **3233 NEWMARK DR. PO BOX 2323 DAYTON OH 45429 US**
Mailing Address: **3233 NEWMARK DR P.O. BOX 2323 DAYTON OHIO 45429**

2. Principal Place of Business: **21** State, Apt., Etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt., Etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **08/25/1959** 3a. Date of Last Report: **01/25/1995**
4. FEI Number: **36-2407235** 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

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 taken in person or by mail for filing with the State

State Registered Agent signature required for filing

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | TWYMAN, JACK | |
| STREET ADDRESS | 8955 INDIAN RIDGE ROAD | |
| CITY-STATE-ZIP | CINCINNATI OH | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BATISTA, JOHN V. | |
| STREET ADDRESS | 4712 ELZO LN. | |
| CITY-STATE-ZIP | KETTERING OH | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DEMOS, JOHN | |
| STREET ADDRESS | 1329 GLEN JEAN COURT | |
| CITY-STATE-ZIP | CENTERVILLE OH | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KOOGLER, ROBERT F. | |
| STREET ADDRESS | 1553 SOUTHLAWN DR. | |
| CITY-STATE-ZIP | FAIRBORN OH | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, SAMUEL | |
| STREET ADDRESS | 8134 CAMARGO WOODS CT. | |
| CITY-STATE-ZIP | MADEIRA OH | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-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-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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 officer 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Koogler, Treasurer 1/29/96

Print

Typed Name

CR2E034 (12/95)