Florida - $150.00

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005438

1. Entity Name
SYSCO FOOD SERVICES-GULF COAST, INC.

Principal Place of Business
2001 WEST MAGNOLIA AVENUE
GENEVA, AL 36340

Mailing Address
2001 WEST MAGNOLIA AVENUE
GENEVA, AL 36340

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0552490 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PCEO |
| NAME | TURNER, MARLIN E |
| STREET ADDRESS | 2001 WEST MAGNOLIA AVENUE |
| CITY-ST-ZIP | GENEVA, AL 36340 |
| TITLE | VP |
| NAME | KATZ, AARON I |
| STREET ADDRESS | 1390 ENCLAVE PKWY. |
| CITY-ST-ZIP | HOUSTON, TX 77077 |
| TITLE | VP |
| NAME | KURZ, THOMAS P |
| STREET ADDRESS | 1390 ENCLAVE PKWY. |
| CITY-ST-ZIP | HOUSTON, TX 77077 |
| TITLE | VPS |
| NAME | GULLION, ANN F |
| STREET ADDRESS | 1390 ENCLAVE PKWY. |
| CITY-ST-ZIP | HOUSTON, TX 77077 |
| TITLE | VP |
| NAME | NICOLS, MICHAEL C |
| STREET ADDRESS | 1390 ENCLAVE PKWY. |
| CITY-ST-ZIP | HOUSTON, TX 77077 |
| TITLE | T |
| NAME | DAY SANDERS, DIANE |
| STREET ADDRESS | 1390 ENCLAVE PKWY. |
| CITY-ST-ZIP | HOUSTON, TX 77077 |

U00000431768
02/23/06-80039-026 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 1/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #