SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # (1)F29419 CANTEEN FOOD SERVICES, INC. Mailing Address Principa! Place of Business 369 PINE TREE ROAD 369 PINE TREE ROAD P O BOX 950325 P O BOX 950325 3a. Date of Last Report LAKE MARY FL 32795-7325 3. Date Incorporated or Qualified LAKE MARY FL 32795-7325 04/13/1981 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 63-0807571 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes X No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent В1 Name VOLCHKO, PETER 82 Street Address (P.O. Box Number is Not Acceptable) 369 PINE TREE ROAD LAKE MARY FL 32746 83 Zip Code 85 City 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 (NOTE: Registered Agent signature required when roinstating) Signature, typed or printer name of registered agent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS 12. Change Addition DELETÉ 1.1 THE TITLE CR2E034 1.2 NAME WOLLAM, STEFANIE T. NAME 1.3 STHEET ADDRESS 369 PINETREE RD. STREET ADDRESS 1.4 CITY - ST - ZIP LAKE MARY FL CITY - ST - 71P Change Addition DELETE 21 TITLE PD TITLE 22 NAME VOLCHKO, PETER NAME 2.3 STREET ADDRESS 369 PINETREE RD. STREET ADDRESS 2 4 CITY - ST - ZIP LAKE MARY FL CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME VOLCHKO, PATRICIA NAME 3.3 STREET ADDRESS 369 PINETREE RD. STREET ADDRESS 3.4 CHTY - \$3 - 7(P) LAKE MARY FL CITY - ST-ZIP Change Adoition DELETE 41 THILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ____ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CITY - ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

STREET ADDRESS

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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 3 if changed, or or an attachment with an address