

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F43084** (5)

1. Corporation Name

FLORIDA FOODSERVICE BROKERAGE, INC.

Principal Place of Business

**40347 U.S. HWY. 19 N.
STE 222
TARPON SPRINGS FL 34689
US**

Mailing Address

**P. O. BOX 665
TARPON SPRINGS FL 34688-7665
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1981

4. FEI Number

59-2146220

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, R. CARLTON
RICHARDS, GILKEY, FITE, SLAUGHTER,
1253 PARK ST
CLEARWATER 34616**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDT** ☐ DELETE

NAME **ROBINSON, DANIEL E**

STREET ADDRESS **40347 US 19 N 222**

CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **VS** ☐ DELETE

NAME **ROBINSON, PATRICIA L.**

STREET ADDRESS **40347 US 19 N 222**

CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **VPOS** ☐ DELETE

NAME **SALAFIA, DONALD J**

STREET ADDRESS **40347 US 19 N 222**

CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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:

Patricia Robinson VP

5-18-98 (813)
942-7500 x26

CR2E034 (10/97)