

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90015 042 ***150.00

DOCUMENT # F43084

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 34688-0665
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 715 WESLEY AVENUE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TARPON SPRINGS, FL

27 City & State

28 Zip Country

24 34689 25 US

29 34688-0665 30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **715 WESLEY AVENUE**
1.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **715 WESLEY AVENUE**
2.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **715 WESLEY AVENUE**
3.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: **PATRICIA L. ROBINSON** 1-15-98 (727) 942-7500 x26
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)