

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F55246

1. Entity Name
APALACHEE FOOD SERVICES, INC.



FILED
06 AUG -7 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10536 NW SR 20
BRISTOL, FL 32321

Mailing Address
PO BOX 850
10536 NW SR 20
BRISTOL, FL 32321 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07312006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-2146911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, GARY
10536 NW SR 20
BRISTOL, FL 32321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARDS, GARY ☐ Delete
STREET ADDRESS 10536 NW SR 20
CITY-ST-ZIP BRISTOL, FL 32321

TITLE VSTD
NAME RICHARDS, MYRTLE ☐ Delete
STREET ADDRESS 10536 NW SR 20
CITY-ST-ZIP BRISTOL, FL 32321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME JONATHAN ALLEN
STREET ADDRESS PO BOX 912
CITY-ST-ZIP BRISTOL FL 32321

TITLE ☐ Change ☐ Addition
NAME 100078759811
STREET ADDRESS 08/16/06--01011--014 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gary Richards GARY RICHARDS

7/31/06

850 643-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2C 8/10