**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**
**May 08, 1999 8:00 am**
**Secretary of State**
05-08-1999 90032 030 ***150.00

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DOCUMENT # F95000002152

1. Corporation Name
**AMERICAN FOODSERVICE DISTRIBUTORS COMPANY**

Principal Place of Business
4700 S. BOYLE AVE.
VERNON CA 90058

Mailing Address
4700 S. BOYLE AVE.
VERNON CA 90058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/02/1995

2. Principal Place of Business
21 600 Citadel Drive

2a. Mailing Address
26 P.O. Box 512377

4. FEI Number
95-4297895
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23 Commerce, CA

City & State
28 Los Angeles, CA

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

Zip
24 90040

Country
25 USA

Zip
29 90051-0377

Country
30 USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

**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 | VP | ☐ DELETE |
| NAME | MULLINS, SUE | |
| STREET ADDRESS | 4700 S BOYLE AVE | |
| CITY-ST-ZIP | VERNON CA | |
| TITLE | VTD | ☐ DELETE |
| NAME | LYNCH, MARTIN A | |
| STREET ADDRESS | 4700 S. BOYLE AVE. | |
| CITY-ST-ZIP | VERNON CA | |
| TITLE | VS | ☐ DELETE |
| NAME | ALVARADO, DONALD G | |
| STREET ADDRESS | 4700 S. BOYLE AVE. | |
| CITY-ST-ZIP | VERNON CA | |
| TITLE | P | ☒ DELETE |
| NAME | LAVERTY III, ROGER M | |
| STREET ADDRESS | 4700 S. BOYLE AVE. | |
| CITY-ST-ZIP | VERNON CA | |
| TITLE | CD | ☒ DELETE |
| NAME | EMMONS, ROBERT J | |
| STREET ADDRESS | 524 CHAPALA ST. | |
| CITY-ST-ZIP | SANTA BARBARA CA | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | VP | ☒ Change ☐ Addition |
| 1.2 NAME | MULLINS, SUE | |
| 1.3 STREET ADDRESS | 400 Citadel Drive | |
| 1.4 CITY-ST-ZIP | Commerce, CA 90040 | |
| 2.1 TITLE | VP | ☒ Change ☐ Addition |
| 2.2 NAME | LYNCH, MARTIN A. | |
| 2.3 STREET ADDRESS | 400 Citadel Drive | |
| 2.4 CITY-ST-ZIP | Commerce, CA 90040 | |
| 3.1 TITLE | VPS | ☒ Change ☐ Addition |
| 3.2 NAME | Alvarado, Donald G. | |
| 3.3 STREET ADDRESS | 400 Citadel Drive | |
| 3.4 CITY-ST-ZIP | Commerce, CA 90040 | |
| 4.1 TITLE | P | ☐ Change ☒ Addition |
| 4.2 NAME | ROEDER, ROSS | |
| 4.3 STREET ADDRESS | 400 Citadel Drive | |
| 4.4 CITY-ST-ZIP | Commerce, CA | |
| 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:** _____ April 20, 1999 323/869-7514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)