

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

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 Qualified

05/02/1995

4. FEI Number

95-4297895

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

21 600 Citadel Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 512377
Suite, Apt. #, etc.

City & State

23 Commerce, CA

City & State

28 Los Angeles, CA

Zip

24 90040

Country

25 USA

Zip

29 90051-0377

Country

30 USA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 1999

Date

323/869-7514

Daytime Phone #

CR2E034 (1/98)

0553330