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FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003834 (7)

1. Corporation Name

US FOODSERVICE OF FLORIDA, INC.



Principal Place of Business

1160 W. 13TH ST
RIVIERA BEACH FL 33404

Mailing Address

1065 HWY 315
407
WILKES BARRE PA 18702-6942
US

3. Date Incorporated or Qualified

08/08/1995

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Mailing Address

26 613 Baltimore Drive

27 Suite, Apt. #, etc.

28 City & State

29 Wilkes-Barre, PA.

30 Zip

31 Country

32 US

4. FEI Number

65-0517405

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 the filer (applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BEVEVINO, FRANK H	
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA 19702	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	MCMULLEN, THOMAS G	
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA 19702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCANALLY, DAVID F	
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA 19702	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM	
STREET ADDRESS	1160 W. 13TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CIANFLONE, ANN B	
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA 18702	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	1065 HWY 315, CROSS CREEK POINTE	
CITY-ST-ZIP	WILKES-BARRE PA 18702	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	613 Baltimore Drive
1.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	613 Baltimore Drive
2.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	613 Baltimore Drive
3.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joe Bendix
4.3 STREET ADDRESS	1899 North US I
4.4 CITY-ST-ZIP	Ormond Beach, FL 32174
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	613 Baltimore Drive
5.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	613 Baltimore Drive
6.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702

14. I do 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:

Robert D. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Date

717/831-7500

Daytime Phone #

0497262

CR2E034 (9/96)