

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

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90011 010 \*\*\*150.00

|   |   |  |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT #** *F 98000005032* ✓

1. Corporation Name  
 Sysco Food Services of Central Alabama, Inc.

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified \_\_\_\_\_

|  |                     |
|--|---------------------|
| 2. Principal Place of Business                 | 2a. Mailing Address |
| 21 1390 Enclave Parkway<br>Suite, Apt. #, etc. | 26 same             |
| 22 ATTN: Tax Department<br>City & State        | 27 same             |
| 23 Houston, TX<br>Zip Country                  | 28 same             |
| 24 77077 Harris                                | 29 same             |
| 25 Harris                                      | 30 same             |

|   |   |
|---|---|
| 4. FEI Number   | Applied For   |
| 76-0527338  | Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                                  |
| 8. This corporation owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

|   |                                  |
|---|----------------------------------|
| 81 Name   | Corporation Service Company      |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1201 Hays Street                 |
| 83  |                                  |
| 84 City   | Tallahassee FL 85 Zip Code 32301 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                    |   |
|--------------------|--------------------|---|
| 1.1 TITLE          | See attached list. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                    |   |
| 1.3 STREET ADDRESS |                    |   |
| 1.4 CITY-ST-ZIP    |                    |   |
| 2.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                    |   |
| 2.3 STREET ADDRESS |                    |   |
| 2.4 CITY-ST-ZIP    |                    |   |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                    |   |
| 3.3 STREET ADDRESS |                    |   |
| 3.4 CITY-ST-ZIP    |                    |   |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                    |   |
| 4.3 STREET ADDRESS |                    |   |
| 4.4 CITY-ST-ZIP    |                    |   |
| 5.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                    |   |
| 5.3 STREET ADDRESS |                    |   |
| 5.4 CITY-ST-ZIP    |                    |   |
| 6.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie S. Brock* **ASSISTANT SECRETARY** APR 28 1999 281-584-1390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

FEIN: 76-0527338

Sysco Food Services of Central Alabama, Inc.

| OFFICERS: | TITLE               | NAME                | MAILING ADDRESS                         |
|-----------|---------------------|---------------------|---|
|           | President           | David R. Dickson    | 9300 Highway 25, Calara, AL 35040       |
|           | Vice President      | Michael C. Nichols  | 1390 Enclave Parkway, Houston, TX 77077 |
|           | Secretary           | G. Michael Crawford | 9300 Highway 25, Calara, AL 35040       |
|           | Treasurer           | Diane Day Sanders   | 1390 Enclave Parkway, Houston, TX 77077 |
|           | Assistant Secretary | Cornie S. Brooks    | 1390 Enclave Parkway, Houston, TX 77077 |
|           | Assistant Secretary | Kent R. Berke       | 1390 Enclave Parkway, Houston, TX 77077 |
|           | Assistant Secretary | Linda F. Hartdegen  | 1390 Enclave Parkway, Houston, TX 77077 |
|           | Assistant Treasurer | Kathy Oates         | 1390 Enclave Parkway, Houston, TX 77077 |

| DIRECTORS: | TITLE | NAME             | MAILING ADDRESS                         |
|------------|-------|------------------|---|
|            |       | Kent R. Berke    | 1390 Enclave Parkway, Houston, TX 77077 |
|            |       | O. Wayne Duncan  | 9300 Highway 25, Calara, AL 35040       |
|            |       | David R. Dickson | 9300 Highway 25, Calara, AL 35040       |

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