

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

FILED
Aug 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra E. Munro
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G58958

(1)

PERRY FOOD SERVICES, INC.



Principal Place of Business

Mailing Address

2061 S. BYRON BUTLER PARKWAY
PERRY FL 32347

2061 S. BYRON BUTLER PARKWAY
PERRY FL 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1983

4. FEI Number

59-2337102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LILLIOTT, HUGH I
2061 S. BYRON BUTLER PARKWAY
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name

Rick Eschenbacher

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

Rt 1 Box 164-C

83

84 City

LAMONT

FL

85

Zip Code

32336

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

R. Eschenbacher
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME LILLIOTT, HUGH I
STREET ADDRESS RT 5 BOX 349
CITY-ST-ZIP PERRY FL 32347

TITLE VD ☒ DELETE

NAME SMITH, FINCHER W
STREET ADDRESS 315 E. GEORGIA STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ST ☒ DELETE

NAME LILLIOTT, DEBORAH P
STREET ADDRESS RT 5 BOX 349
CITY-ST-ZIP PERRY FL 32347

TITLE PD ☒ DELETE

NAME LILLIOTT, HUGH I.
STREET ADDRESS RT 4, BOX 622
CITY-ST-ZIP PERRY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME FINCHER SMITH
1.3 STREET ADDRESS 315 E. GEORGIA ST.
1.4 CITY-ST-ZIP TALLAHASSEE FL 32347

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Rick Eschenbacher
2.3 STREET ADDRESS Rt 1 Box 164-C
2.4 CITY-ST-ZIP LAMONT FL 32336

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 500002608105
5.3 STREET ADDRESS -08/05/98--01071--022
5.4 CITY-ST-ZIP ***150.00

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)(l), 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 *R. Eschenbacher* *R. Eschenbacher* *Eschenbacher*

CR2E034 (10/97)