

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

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90003 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G77656

1. Corporation Name
TRY-WEST FOOD SERVICE, INC.

Principal Place of Business
811 E BLOOMINGDALE AVE
BRANDON FL 33511
US

Mailing Address
811 E BLOOMINGDALE AVE
BRANDON FL 33511
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1984

2. Principal Place of Business	2a. Mailing Address
21 1928 Redbridge Dr.	26 1928 Redbridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Brandon, FL 33511	27
City & State	City & State
23	28 Brandon, FL
Zip	Zip
Country	Country
24	29 33511
	30

4. FEI Number 59-2348957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEST, EDGAR H
811 E BLOOMINGDALE AVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name
Kent Whittemore, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
One Beach Drive Southeast, Suite 205
83 The Whittemore Law Group
84 City
St. Petersburg FL 85 Zip Code
33701

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

9/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRY, DUANE A SR	1.2 NAME	
STREET ADDRESS	811 E BLOOMINGDALE AVE	1.3 STREET ADDRESS	1928 Redbridge Dr.
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, EDGAR H	2.2 NAME	
STREET ADDRESS	811 E BLOOMINGDALE AVE	2.3 STREET ADDRESS	1928 Redbridge Dr.
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

Edgar H. West
Secretary / Treasurer 9-9-99 813-689-3278

CR2E034 (11/98)