

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

FILED
Apr 29 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **H30676** (1)
1. Corporation Name
C & W FOOD SERVICE, INC.



| | |
|--|--|
| Principal Place of Business C/O ROGER CHAMPION 4716 CAPITAL CIRCLE SW TALLAHASSEE FL 32310-7511 US | Mailing Address C/O ROGER CHAMPION POST OFFICE BOX 5348 TALLAHASSEE FL 32314-5348 US |
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|---|--|
| 3. Date Incorporated or Qualified 11/20/1984 | 3a. Date of Last Report 01/19/1996 |
| 4. FEI Number 59-2463581 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
**CHAMPION, ROGER
354 MILE STONE DRIVE
TALLAHASSEE FL 32314 32312**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CORDEY, PARRISH | |
| STREET ADDRESS | 103 STRATFORD CORNERS | |
| CITY-ST-ZIP | THOMASVILLE GA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GALLON, NATHANIEL | |
| STREET ADDRESS | 885 N. WAUKEENAH | |
| CITY-ST-ZIP | MONTECELLO FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CHAMPION, ROGER | |
| STREET ADDRESS | 354 MILESTONE ROAD | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | CHAMPION, DONNA | |
| STREET ADDRESS | 354 MILE STONE DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | WALTON, WALLACE | |
| STREET ADDRESS | RT. 2 BOX 48 | |
| CITY-ST-ZIP | PELHAM GA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SCOGGINS, FRANK | |
| STREET ADDRESS | 111 BELMONT DR. | |
| CITY-ST-ZIP | THOMASVILLE GA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | MARY WHATLEY |
| 5.3 STREET ADDRESS | 905 N. JEFFERSON ST |
| 5.4 CITY-ST-ZIP | MONTECELLO FLA 32344 |
| 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 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: _____ DATE: **1-5-97** DAYTIME PHONE #: **904 875853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)