

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30676

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 5346
TALLAHASSEE FL 32314
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHAMPION, ROGER
354 MILE STONE DRIVE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

11/20/1984

4. FEI Number

59-2463581

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☒ V ☐ DELETE

NAME
CORDEY, PARRISH
STREET ADDRESS
103 STRATFORD CORNERS
CITY-ST-ZIP
THOMASVILLE GA

TITLE ☒ V ☐ DELETE

NAME
GALLON, NATHANIEL
STREET ADDRESS
865 N. WAUKEENAH
CITY-ST-ZIP
MONTICELLO FL

TITLE ☒ P ☐ DELETE

NAME
CHAMPION, ROGER
STREET ADDRESS
354 MILESTONE ROAD
CITY-ST-ZIP
TALLAHASSEE FL

TITLE ☒ S ☐ DELETE

NAME
CHAMPION, DONNA
STREET ADDRESS
354 MILE STONE DRIVE
CITY-ST-ZIP
TALLAHASSEE FL

TITLE ☒ V ☐ DELETE

NAME
WHATLEY, MARY
STREET ADDRESS
905 N. JEFFERSON ST.
CITY-ST-ZIP
MONTICELLO FL

TITLE ☒ V ☐ DELETE

NAME
SCOGGINS, FRANK
STREET ADDRESS
1409 GORDON AVE
CITY-ST-ZIP
THOMASVILLE GA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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)(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:

ROGER CHAMPION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-98

Date

850 877 5853

Daytime Phone #

CR2E034 (11/98)

0054528

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90103 049 ***150.00



DO NOT WRITE IN THIS SPACE