

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J81585 (8)**

1. Corporation Name  
**FOODS FOR THOUGHT FOOD SERVICE, INC.**



Principal Place of Business: **791 BUSINESS PARK BLVD WINTER GARDEN FL 34787**  
Mailing Address: **791 BUSINESS PARK BLVD WINTER GARDEN FL 34787**

3. Date Incorporated or Qualified: **07/08/1987**  
3a. Date of Last Report: **03/21/1995**  
4. FEI Number: **59-2833808**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent: **OWENS, FRED C 1424 COLUSO DR WINTER GARDEN FL 34787**  
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) City (84) City (85) Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 officer or director. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PSTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>OWENS, BETH A</b>		1.2 NAME: <b>OWENS, FRED C.</b>	
STREET ADDRESS: <b>1424 COLUSO DR.</b>		1.3 STREET ADDRESS: <b>1424 COLUSO DR.</b>	
CITY-ST-ZIP: <b>WINTER GARDEN FL</b>		1.4 CITY-ST-ZIP: <b>WINTER GARDEN, FL. 34787</b>	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>OWENS, FRED C</b>		2.2 NAME: <b>OWENS, FRED C.</b>	
STREET ADDRESS: <b>1424 COLUSO DR</b>		2.3 STREET ADDRESS: <b>1424 COLUSO DR.</b>	
CITY-ST-ZIP: <b>WINTER GARDEN FL</b>		2.4 CITY-ST-ZIP: <b>WINTER GARDEN, FL 34787</b>	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>OWENS, CLINT W</b>		3.2 NAME: <b>OWENS, FRED C</b>	
STREET ADDRESS: <b>1424 COLUSO DR</b>		3.3 STREET ADDRESS: <b>1424 COLUSO DR</b>	
CITY-ST-ZIP: <b>WINTER GARDEN FL</b>		3.4 CITY-ST-ZIP: <b>WINTER GARDEN, FL. 34787</b>	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **FRED C. OWENS** *Fred C. Owens Pres.* 4-11-96 (407)654-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)