

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 # **K51352** (8)

1. Corporation Name
R.B.'S FOODWAY, INC.



Principal Place of Business Mailing Address
**1000-G EAST OAK STREET
P.O. BOX 1760
ARCADIA FL 33821-1760**

3. Date Incorporated or Qualified **12/14/1988** 3a. Date of Last Report **01/20/1995**
4. FEI Number **65-0085978** 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 has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, 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

**BROWN, FLETCHER
124 N. BREVARD AVE.
ARCADIA FL 33821**

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 of person whose name is being changed or added to the filing

Signature of Registered Agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **PD BORSMANN, RICHARD A.**
STREET ADDRESS **BOX 1760 CARLTON RD**
CITY-STATE-ZIP **ARCADIA FL**
2. TITLE ☐ DELETE
NAME **STD BORSMANN, ROBERTA L.**
STREET ADDRESS **BOX 1760 CARLTON RD**
CITY-STATE-ZIP **ARCADIA FL**
3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP ☐ Change ☐ Addition
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP ☐ Change ☐ Addition
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP ☐ Change ☐ Addition
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP ☐ Change ☐ Addition
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP ☐ Change ☐ Addition

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 or in an attachment with an address.

SIGNATURE: **RICHARD A. BORSMANN** 2496 941-494-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Signed

CR2E034 (12/95)