

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K73209**

**(4)**

1. Corporation Name

**S & S FOOD SERVICES, INC.**

Principal Place of Business

% OSCAR F. SEGER, JR.  
2349 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY FL 34655

Mailing Address

% OSCAR F. SEGER, JR.  
2349 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/13/1989**

3a. Date of Last Report  
**04/27/1994**

4. FEI Number

**59-2933379**

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

9. This corporation has liability for intangible tax under § 190.002,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

SEGER, OSCAR F., JR.  
2349 SEVEN SPRINGS BLVD.  
NEW PORT RICHEY FL 34655

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 name of person named as registered agent and the if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D  
SEGER, OSCAR F., JR.  
1824 E. ORANGESIDE RD.  
PALM HARBOR FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY ST ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY ST ZIP

SIGNATURE:

OSCAR F. SEGER, JR.

President (813) 372-8168