SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L48486** **(9)**

1. Corporation Name

OCEANWAY FOOD MANAGEMENT, INC.

Principal Place of Business
11565-100 NORTH MAIN ST
JACKSONVILLE FL 32218

Mailing Address
11565-100 NORTH MAIN ST
JACKSONVILLE FL 32218

3. Date Incorporated or Qualified: 02/08/1990
3a. Date of Last Report: 05/10/1995

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

4. FEI Number: 59-3007940 — 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COPE, RHONDA J
12537 DUNN CREEK RD
11565 NORTH MAIN STREET
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name: Rhonda J. Bennett
82 Street Address (P.O. Box Number is Not Acceptable): 13019 Lanier Road
83
84 City: Jacksonville FL 85 Zip Code: 32216

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: Rhonda J. Bennett — 7-9-96
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering) Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TILLMAN, REGINALD E	
STREET ADDRESS	505 N. ORANGE AVE.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	ST	☒ DELETE
NAME	TILLMAN, RYAN E	
STREET ADDRESS	505 N. ORANGE AVE.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	13612 Dunns Creek Road	
14 CITY-ST-ZIP	Jacksonville, FL 32218	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	ST	☐ Change ☒ Addition
32 NAME	Rhonda J. Bennett	
33 STREET ADDRESS	13019 Lanier Road	
34 CITY-ST-ZIP	Jacksonville, FL 32216	
41 TITLE	Ronald E. Tillman / VP	☐ Change ☒ Addition
42 NAME		
43 STREET ADDRESS	3367 Russell Road	
44 CITY-ST-ZIP	Green Cove Springs, FL 32043	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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***225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Reginald E. Tillman — 6-18-96 — 904-714-1600 7/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)