## 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 # **L69320**

1. Corporation Name

WEBSTER FOOD SERVICE, INC.

Principal Place	e of Business	Mailing Address			I (Bariet) and study lates have refles and a service and a			
C/O WILLIAM W		C/O WILLIAM WEBSTER						
451 CITATION DRIVE CANTONMENT FL 32533		451 CITATION DRIVE						
		CANTONMENT FL 32533			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/30/1990			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	T7	Applied For	٦
21		26			59-3002922		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	\$8.75	8.75 Additional	
22		27			5. Certificate of Status Desired	Fee	Required	ند ا
City & State		City & State			6. Election Campaign Financing 5.00 May Be			
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intang	gible		7
24	25	29	0		Personal Property Tax.	Yes	□No	
<del>- 1</del> 1	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Ag	ent		]
			81	Name				
	STER, WILLIAM		82	Ct-not Add	ress (P.O. Box Number is Not Acceptable)			$\dashv$
	CITATION DRIVE		02	Street Addi	ress (P.O. Box Number is Not Acceptable)			
CAN	TONMENT FL 32533		83					7
			84	City	FL <sup>]</sup>	85 Zi	p Code	
11 Dureuget	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose of cha	anging i	its registered	$\exists$
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was auti	horized by	the corporation	on's board of directors. I hereby accept the appointm	ient as	registered	ĺ
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	la Statute:	S.				
SIGNATURE	Signature, typed or printed name of registered a	and title if gentlephie (NOTE: P	egistered And	nt evanature require	ad when reinstating) DATE			Ì
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	TORS IN 12	┨
TITLE	DP STRIBERS	☐ DELETE	1.1 TITLE			Chang	e	ŭ.
NAME	WEBSTER, WILLIAM	1.2 NA						
STREET ADDRESS:	APA OFFATION DODGE		1.3 STREET ADDRESS		•			1
	CANTONMENT FL		1.4 CITY-5					ļ
CITY-ST-ZIP	DTS	□ DELETE	2.1 TITLE	S+-ZIP	[	☐ Change	e 🗍 Addition	7
TITLE	WEBSTER, JANET D.							
NAME	451 CITATION DRIVE		2.2 NAME	T 1000500				
STREET ADDRESS	CANTONMENT FL			TADDRESS				
CITY-ST-ZIP	CANTONMENT FL	DELETE	2.4 CHY-	ST-ZIP		7 Chang	e	╣.
TITLE		□ Detere	•	1	<b>-</b>			
NAME		3.2 N						
STREET ADDRESS				T ADDRESS				-
CITY-ST-ZIP				ST-ZiP		T Chaca	e	7
TITLE		☐ DELETE	4.1 TITLE		L	Chang	c Naminos	1
NAME			4. 2 NAME					İ
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				4
TITLE		☐ DELETE	5.1 TITLE			_ Chang-	e	۱
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	100			_
TITLE		☐ DEFELE	61 TITLE			_ Chang	e	۱ ۱
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90132 005 \*\*\*150.00