

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 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95668**

(4)

1. Corporation Name

CULINARY SPECIALTIES, INC.

Principal Place of Business

**4715 N HALE AVE
TAMPA FL 33614**

Mailing Address

**4715 N HALE AVE
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/22/1990

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0222530

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**

6. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEGIACOMI, KARL
4715 N HALE AVE
TAMPA 33614**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PST
SCHOEPP, WALTER
4715 N HALE AVE
TAMPA FL**

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE

**D
SCHOEPP, WALTER
4715 N HALE AVE
TAMPA FL**

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE

**VD
DEGIACOMI, KARL
4715 N HALE AVE
TAMPA FL**

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

NAME

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

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 110.07(3)(b), 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 trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Walter Schoepf)

04-28-95 (P18) 876 8760