

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 # M83871 (7)

1. Corporation Name

PRIME FOOD SYSTEMS, INC.



Principal Place of Business

2004 ROCKLEDGE ROAD, NE
ATLANTA GA 30324

Mailing Address

2004 ROCKLEDGE ROAD, NE
ATLANTA GA 30324

3. Date Incorporated or Qualified

05/31/1988

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 2024 Powers Ferry Rd.

Suite, Apt. #, etc.

26 2024 Powers Ferry Rd.

Suite, Apt. #, etc.

22 Suite 150

27 Suite 150

City & State

City & State

23 Atlanta, Georgia

28 Atlanta, GA

Zip

Country

Zip

Country

24 30339-5011

25 USA

29 30339-5011

30 USA

4. FEI Number

65-0059114

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

10. Name and Address of New Registered Agent

BRADY, JAMES C.
1508 SOUTHEAST THIRD AVE.
FT. LAUDERDALE FL 33316

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 VP ☒ DELETE

NAME GILL, BOBBY L.
STREET ADDRESS 2004 ROCKLEDGE ROAD, NE
CITY, ST, ZIP ATLANTA GA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VS ☐ DELETE

NAME PSOINOS, MICHAEL G.
STREET ADDRESS 2004 ROCKLEDGE RD NE
CITY, ST, ZIP ATLANTA GA

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
MICHAEL G. PSOINOS
2024 Powers Ferry Road, Suite 150
Atlanta, GA 30339-5011

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
JAMES R. SPOON
2024 POWERS FERRY ROAD, SUITE 150
ATLANTA, GA 30339-5011

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 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 if changed, or on an attachment with an address.

SIGNATURE:

James R. Spoon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Spoon

1/22/96

Date

770-933-8443

Daytime Phone #

CR2E034 (12/95)