

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N39088

1. Entity Name
FLORIDA RESTAURANT PURCHASING GROUP, INC.



Principal Place of Business
**3101 DOWNING ST
CLEARWATER, FL 33759 US**

Mailing Address
**P.O. BOX 336
SAFETY HARBOR, FL 34695 US**



02062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAPPAS, GEORGE G ESQ
1822 NORTH BELCHER ROAD
SUITE 200
CLEARWATER, FL 33765**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOKKINAKOS, LOUIE 2076 SEMINOLE BLVD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETELAS, JOHN 11775 SEMINOLE BLVE SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RETSOS, PETER 914 S PINELLAS AVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INTZES, NICK 1844 N HIGHLAND AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAVRAKOS, PETER 6552 SUNSET POINT DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOUTSOS, JAMES 6121 MASSACHUSETTES AVE NEW PORT RICHEY, FL 34653

U00000868957
04/09/08-80023-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not indicate on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like empow. e exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LOUIE KOKKINAKOS
President**