

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40096 (2)

1. Corporation Name

ACF WEST CENTRAL FLORIDA PROFESSIONAL CHEF'S & CULINARIANS, INC.



Principal Place of Business

4115 HENDERSON BLVD.
A
TAMPA FL 33629
US

Mailing Address

4115 HENDERSON BLVD.
A
TAMPA FL 33629
US

3. Date Incorporated or Qualified
09/07/1990

3a. Date of Last Report
09/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3053386

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

MICKIEWICZ, RAY
4115 A HENDERSON BLVD.
A
TAMPA FL 33629

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Ray Mickiewicz* RAY MICKIEWICZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME MICKIEWICZ, RAY
STREET ADDRESS 4114-A HENDERSON BLVD.
CITY-ST-ZIP TAMPA FL 33629

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME BREWER, DAVID
STREET ADDRESS 1114 CINNAMON WAY, E
CITY-ST-ZIP LAKE LAND FL 33801

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME ELLIOTT, BOBBY
STREET ADDRESS 416 GREEN ARBOR
CITY-ST-ZIP BRANDON FL 33511

31 TITLE ☒ Change ☐ Addition
32 NAME ELLIOTT, BOBBY
33 STREET ADDRESS 1755 W. BRANDON BLVD.
34 CITY-ST-ZIP BRANDON, FL. 33511

TITLE ☐ DELETE
NAME SAMSON, RUSSEL
STREET ADDRESS 14196 FENNSBURY DR.
CITY-ST-ZIP TAMPA FL 33629

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☒ DELETE
NAME SCHOEPF, WALTER
STREET ADDRESS 4715 N HALE AVE.
CITY-ST-ZIP TAMPA FL

51 TITLE ☐ Change ☒ Addition
52 NAME MICKIEWICZ, JOAN
53 STREET ADDRESS 4115 A HENDERSON BLVD.
54 CITY-ST-ZIP TAMPA, FL. 33629

TITLE ☐ DELETE
NAME SAMSON, RUSSELL
STREET ADDRESS 14196 FENNSBURY DR
CITY-ST-ZIP TAMPA FL

61 TITLE ☐ Change ☐ Addition
62 NAME 400001847224
63 STREET ADDRESS -06/03/96--01021--041
64 CITY-ST-ZIP ***61.25

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: *Samson Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

(813) 837-4420

Date

Daytime Phone

CR2E037 (12/95)