


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 & C
ULINARIANS, INC.**

Principal Place of Business

Mailing Address

**4115 HENDERSON BLVD.
A
TAMPA FL 33629
US**

**4115 HENDERSON BLVD.
A
TAMPA FL 33629
US**

2. Principal Place of Business

2a. Mailing Address

21

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

3. Date Incorporated or Qualified

09/07/1990

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **ELLIOTT, BOBBY**
STREET ADDRESS **1755 W BRANDON BLVD**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **MICKIEWICZ, JOAN**
STREET ADDRESS **4115 A HENDERSON BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ DELETE

NAME **SAMSON, RUSSELL**
STREET ADDRESS **14196 FENNSBURY DR**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE **D**
1.2 NAME **VOIGT, WOLF**
1.3 STREET ADDRESS **101 STEVENSON ROAD, SE**
1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **PRIOLO, MICHAEL**
2.3 STREET ADDRESS **405 S. OAKWOOD AVE.**
2.4 CITY-ST-ZIP **BRANDON, FL 33511**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **BECKHARDT, JAMES**
3.3 STREET ADDRESS **610115 CEDAR DUNE DR.**
3.4 CITY-ST-ZIP **TAMPA, FL 33624**

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **GIBSON, BEAT**
4.3 STREET ADDRESS **11911 64th ST. N. LOT 120**
4.4 CITY-ST-ZIP **LARGO, FL 34643**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

1/6/98 (H13)P37-4420

CR2E037 (10/97)