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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41805** (5)

1. Corporation Name

PASCO FOOD DEPOT, INC.

Principal Place of Business

2020 LAND O'LAKES BLVD.  
SUITE 10  
LUTZ FL 34639  
US

Mailing Address

PO BOX 1613  
LAND O'LAKES FL 34639  
US



3. Date Incorporated or Qualified

01/24/1991

4. FEI Number

59-3053011

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, ALFRED W ATTORNE  
6645 RIDGE RD, STE 1  
PORT RICHEY FL 34668

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D KUENZEL, DIANE V.  
STREET ADDRESS 4111 LAND O'LAKES BLVD.  
CITY-ST-ZIP LAND O'LAKES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME TD SZABO, BRUCE M  
STREET ADDRESS 4111 LAND O LAKES BLVD. STE 303M  
CITY-ST-ZIP LAND O LAKES FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME P MALARKEY-STALLARD, PAT  
STREET ADDRESS 5418 SUNSET ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME SD ZEITZ, CHADWICK  
STREET ADDRESS 10841 LITTLE ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME SD MAUREEN ADAMS  
4.3 STREET ADDRESS 3420 LAKE PADGETT DRIVE  
4.4 CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE ☐ DELETE  
NAME VPD JOHNSON, RICHARD  
STREET ADDRESS 5249-299 DRIVE  
CITY-ST-ZIP LAND O' LAKES FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VPD MULIERI, PAT  
STREET ADDRESS 12850 MCBRIDE RD  
CITY-ST-ZIP SPRING HILL FL

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:

Pat Malarkey-Stallard, President

January 20, 1998

(813) 949-1421

CR2E037 (10/97)