# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:27

DOCUMENT # **P23364** **(3)**

1. Corporation Name
**RESTAURANT EQUIPMENT SERVICE COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 14 SHELL AVE., S.E.<br>FT. WALTON BEACH FL 32548 | 14 SHELL AVE., S.E.<br>FT. WALTON BEACH FL 32548 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1989
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 63-0997735 ☐ 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

**WINSETT, ROBERT E.**
**14 SHELL AVE SE**
**FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PCM | 11 TITLE | S | ☒ Change ☐ Addition |
| NAME | WINSETT, ROBERT | 12 NAME | Joseph Prumatico | |
| STREET ADDRESS | 14 SHELL AVE. S.E. | 13 STREET ADDRESS | 345 Edge Ave. | |
| CITY-ST-ZIP | FT. WALTON BEACH FL | 14 CITY-ST-ZIP | Valparaiso, FL 32548 | |
| TITLE | ST | 21 TITLE | T. | ☒ Change ☐ Addition |
| NAME | WINSETT, ROBERT | 22 NAME | Fred Hixson-Wells | |
| STREET ADDRESS | 14 SHELL AVE SE | 23 STREET ADDRESS | 1133 Coral Dr. | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 24 CITY-ST-ZIP | Niceville, FL 32578 | |
| TITLE | VP | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | POLSTON, WALTER | 32 NAME | | |
| STREET ADDRESS | 2120 FRONTERRA ST. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | NAUARRE FL | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Robert Winsett Robert Winsett 4-20-95 904-244-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0301033 CP