

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P23364** (3)

1. Corporation Name

RESTAURANT EQUIPMENT SERVICE COMPANY, INC.



Principal Place of Business

**14 SHELL AVE., S.E.
FT. WALTON BEACH FL 32548**

Mailing Address

**14 SHELL AVE., S.E.
FT. WALTON BEACH FL 32548**

3. Date Incorporated or Qualified

03/10/1989

3a. Date of Last Report

05/31/1995

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

10. Name and Address of New Registered Agent

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

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

Robert E. Winsett

Robert E. Winsett, President

5/10/96

(Signature, typed or printed name of registered agent and the applicant)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | PRUMATICO, JOSEPH | |
| STREET ADDRESS | 345 EDGE AVE | |
| CITY-STATE-ZIP | VALPARAISO FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | HIXSON-WELLS, FRED | |
| STREET ADDRESS | 1133 CORAL DR | |
| CITY-STATE-ZIP | NICEVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | POLSTON, WALTER | |
| STREET ADDRESS | 2120 FRONTERA ST. | |
| CITY-STATE-ZIP | NAVARRE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | P/C/M |
| 1.3 STREET ADDRESS | WINSETT ROBERT |
| 1.4 CITY-STATE-ZIP | 1456 BAY GROVE |
| | FREEPORT, FL 32439 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | T |
| 2.3 STREET ADDRESS | COMMISKEY, JOHN A. |
| 2.4 CITY-STATE-ZIP | 14 SHELL AVE SE. |
| | FT WALTON BEACH, FL 32548 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PRUMATICO, JOSEPH |
| 3.3 STREET ADDRESS | 345 EDGE AVE |
| 3.4 CITY-STATE-ZIP | VALPARAISO, FL |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | EV |
| 4.3 STREET ADDRESS | POLSTON, WALTER |
| 4.4 CITY-STATE-ZIP | 2120 FRONTERA ST. |
| | NAVARRE, FL |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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)(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 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 E. Winsett

Robert E. Winsett

5/10/96 (904) 244-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)