

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24798**

(1)

1. Corporation Name
DAKA, INC.

Principal Place of Business

**ONE CORPORATE PLACE
55 FERNCROFT ROAD
DANVERS MA 01923**

Mailing Address

**ONE CORPORATE PLACE
55 FERNCROFT ROAD
DANVERS MA 01923-4001**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

06/14/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

04-2513279

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAXWELL, ALLEN R.	
STREET ADDRESS	1 CORP./55 FERNCROFT RD	
CITY, ST, ZIP	DANVERS MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PARKER, DAVID G.	
STREET ADDRESS	1 CORP./55 FERNCROFT RD	
CITY, ST, ZIP	DANVERS MA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	REDEPENNING, CHARLES W.	
STREET ADDRESS	1 CORP./55 FERNCROFT RD	
CITY, ST, ZIP	DANVERS MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENSON, EARL	
STREET ADDRESS	ONE CORPORATE PLACE, 55 FERNCROFT RD.	
CITY, ST, ZIP	DANVERS MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAXWELL, ALLEN R.	
STREET ADDRESS	1 CORP./55 FERNCROFT RD	
CITY, ST, ZIP	DANVERS MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DIMILLO, JR. A	
STREET ADDRESS	ONE CORPORATE PL. 55 FERNCROFT RD	
CITY, ST, ZIP	DANVERS MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Donald Moore
4.4 CITY-ST-ZIP	One Corporate Place, 55 Ferncroft Rd. Danvers, MA 01923
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Asst. Treasurer
6.3 STREET ADDRESS	Michael Hulley
6.4 CITY-ST-ZIP	One Corporate Place, 55 Ferncroft Rd. Danvers, MA 01923

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

Michael Hulley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Asst. Treas.

4.23.97

Date

(508) 774-9115

Daytime Phone # 0000728

CR2E034 (9/96)