


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90179 049 \*\*\*150.00

20047164



|   |                      |  |   |  |                                   |
|---|----------------------|--|---|--|-----------------------------------|
| DOCUMENT # P25347   |                      |  |   |         |                                   |
| 1. Entity Name<br>SYSCO FOOD SERVICES OF SOUTH FLORIDA, INC.  |                      |  |   |  |                                   |
| Principal Place of Business<br>1390 ENCLAVE PARKWAY<br>HOUSTON, TX 77077  |                      | Mailing Address<br>1390 ENCLAVE PARKWAY<br>HOUSTON, TX 77077                     |   |  |                                   |
| 2. Principal Place of Business  |                      | 3. Mailing Address   |   |  |                                   |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.  |   |  |                                   |
| City & State  |                      | City & State   |   | 4. FEI Number<br>74-2541433  |                                   |
| Zip   |                      | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br>CAPITOL CORPORATE SERVICES, INC.<br>1333 NORTH DUVAL STREET<br>TALLAHASSEE, FL 32303   |                      |  | 7. Name and Address of New Registered Agent           |  |                                   |
|   |                      |  | Name  |  |                                   |
|   |                      |  | Street Address (P.O. Box Number is Not Acceptable)    |  |                                   |
|   |                      |  | City  |  |                                   |
|   |                      |  | FL Zip Code   |  |                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |                      |  |   |  |                                   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                      |  |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |                                   |
| 10. OFFICERS AND DIRECTORS  |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
| TITLE   | PCEO                 | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | BROWN, TIM           |  | NAME  | PLEASE SEE ATTACHED LIST   |                                   |
| STREET ADDRESS  | 555 NE 185 ST        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33179      |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | EVP                  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SWAN, JULIE O        |  | NAME  |  |                                   |
| STREET ADDRESS  | 555 N.E. 185TH ST.   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33179      |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | VCFO                 | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | CRYSLER, THOMAS C    |  | NAME  |  |                                   |
| STREET ADDRESS  | 555 N.E. 185TH ST.   |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33179      |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | AVPS                 | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | GULLION, ANN F       |  | NAME  |  |                                   |
| STREET ADDRESS  | 1390 ENCLAVE PARKWAY |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | HOUSTON, TX 77077    |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | T                    | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | SANDERS, DIANE D     |  | NAME  |  |                                   |
| STREET ADDRESS  | 1390 ENCLAVE PARKWAY |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | HOUSTON, TX 77077    |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | VP                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | NICHOLS, MICHAEL C   |  | NAME  |  |                                   |
| STREET ADDRESS  | 1390 ENCLAVE PARKWAY |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | HOUSTON, TX 77077    |  | CITY-ST-ZIP   |  |                                   |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                      |  |   |  |                                   |
| SIGNATURE: <i>Connie S. Brooks</i>  |                      |  | Date: 04/08/2005                                      |  | Daytime Phone #: 281 584-1390     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                      |  |   |  |                                   |

Connie S. Brooks

## Sysco Food Services of South Florida, Inc.

**OFFICERS:**

| TITLE                           | NAME               | MAILING ADDRESS                            |
|---------------------------------|--------------------|--|
| President; CEO                  | Tim K. Brown       | 555 NE 185th Street, Miami, FL 33179       |
| Executive Vice President        | Julie O. Swan      | 555 NE 185th Street, Miami, FL 33179       |
| Vice President-Finance, CFO     | Thomas C. Cryster  | 555 NE 185th Street, Miami, FL 33179       |
| Vice President                  | Michael C. Nichols | 1390 Enclave Parkway, Houston, TX 77077    |
| Vice President                  | Aaron I. Katz      | 1390 Enclave Parkway, Houston, TX 77077    |
| Vice President                  | Thomas P. Kurz     | 1390 Enclave Parkway, Houston, TX 77077    |
| Asst Vice President & Secretary | Ann F. Gullion     | 1390 Enclave Parkway, Houston, TX 77077    |
| Treasurer                       | Diane Day Sanders  | 1390 Enclave Parkway, Houston, Texas 77077 |
| Assistant Treasurer             | Kathy Oates        | 1390 Enclave Parkway, Houston, TX 77077    |
| Assistant Secretary             | Connie S. Brooks   | 1390 Enclave Parkway, Houston, TX 77077    |
| Assistant Secretary             | Paula J. Bione     | 1390 Enclave Parkway, Houston, TX 77077    |
| Assistant Secretary             | Linda S. DeLeon    | 1390 Enclave Parkway, Houston, TX 77077    |

**DIRECTORS:**

| TITLE | NAME               | MAILING ADDRESS                             |
|-------|--------------------|---|
|       | Michael C. Nichols | 1390 Enclave Parkway, Houston, TX 77077     |
|       | Stephen F. Smith   | 2225 Riverdale Road, College Park, GA 30349 |
|       | Tim K. Brown       | 555 NE 185th Street, Miami, FL 33179        |

ATTACHMENT

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