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Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **P38955** **(1)**

1. Corporation Name
**SYSCO FOOD SERVICES - JACKSONVILLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 LEWIS INDUSTRIAL DRIVE<br>JACKSONVILLE FL 32205 | PO BOX 37045<br>JACKSONVILLE FL 32236-7045<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1992

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 21 | 26 | 59-3120894 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24: 32254 / Country 25 | Zip 29 / Country 30 | 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**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RUDISILER, WALTER R.<br>1501 LEWIS INDUSTRIAL DR.<br>JACKSONVILLE FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTS<br>REED, TIMOTHY R.<br>1501 LEWIS INDUSTRIAL DR<br>JACKSONVILLE FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VTS<br>JAMES R. BECK<br>1501 LEWIS INDUSTRIAL DR<br>JACKSONVILLE FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>CARANTZA, PETER C.<br>1501 LEWIS INDUSTRIAL DR<br>JACKSONVILLE FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RIKER, LA DEE G.<br>1390 ENCLAVE PARKWAY<br>HOUSTON TX | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | VD<br>THOMAS P. KURZ<br>1390 ENCLAVE PARKWAY<br>HOUSTON TX | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>RUSSELL, JOSEPH<br>1501 LEWIS INDUSTRIAL DR<br>JACKSONVILLE FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/97)

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

**SIGNATURE:** _____ 1/19/98 904/695-8120