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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000017989

1. Corporation Name

MAIN FOODSERVICE, INC.

Mailing Address Principal Place of Business 368 COMMERCIAL ST 368 COMMERCIAL ST CASSELBERRY FL 32707 CASSELBERRY FL 32707 2a. Mailing Address 2. Principal Place of Business

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90208 031 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

03/10/1993

2 Principal P	lace of Business	2a. Mailing Address	·		4. FEI Number	Apı	plied For	
	acco of Boomboo	26			59-3168020		t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	<del></del> -			\$8.75 A	dditional	
	<i></i> , 5.55	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State		<del></del>	6. Election Campaign Financing	\$5,00	May Be	
23		28			Trust Fund Contribution	Added to	•	
Zip	Country	Zip	Country	,	8. This corporation owes the current year I	ntangible		
<b>一</b>	25	29	30		Personal Property Tax.		□No :	
24	9. Name and Address of Curre		1901		10. Name and Address of New Registere	d Agent		
			81	Name				
MAIN, BRENDA L 368 COMMERCIAL ST CASSELBERRY FL 32707				On Oracle Address (D.O. Day Musebox in Net Accountable)				
				82 Street Address (P.O. Box Number is Not Acceptable) 83				
			84	City	F	85 Zip C	Code	
							renistered	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliging the country of the count	e of Florida. Such change was a	authorized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as reg	gistered	
SIGNATURE				_				
5,5,5,7,0,7,0	Signature, typed or printed name of registered ag-			nt signature require	ed when reinstating) DATE	AND DIDECTO	DC 161 40	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	main, brenda l		1.2 NAME					
STREET ADDRESS	521 RITA COURT		1.3 STREE	TADORESS				
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	2.1 T/TLE			☐ Change	☐ Addition	
NAME			2.2 NAME	l			•	
STREET ADDRESS	18		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			32 NAME					
STREET ADDRESS			3,3 STRFF	TADDRESS				
1			3.4. CITY-:					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	·		☐ Change	Addition	
)			4.2 NAME					
NAME			_	T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		DELETE	4.4 CITY-5	11-ZIP		Change	Addition	
TITLE		□ occeie	5.1 ITLE					
NAME				T ADDRESS				
STREET ADDRESS				- 1				
CITY-ST-ZIP		<del></del>	5.4 CITY- 5	51-2IP		Change	Addition	
TITLE		☐ DELETE				□ change		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
OFF. OF TE			6.4 CITY-S	ST-ZIP				

14. 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

DILKC MAIN

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