

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000020162 (2)

1. Corporation Name

MID-STATE FOODSERVICE, INC.



Principal Place of Business

13129 CIMARRON CIRCLE, NORTH
LARGO FL 34644

Mailing Address

13129 CIMARRON CIRCLE, NORTH
LARGO FL 34644

2. Principal Place of Business

21 3800 S. Orange Blossom

Suite, Apt. #, etc.

Trail

22

City & State

23 Orlando, FL

Zip

24

Country

25

2a. Mailing Address

26 1304 North Bay Street

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34744

Country

30

3. Date Incorporated or Qualified

03/17/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

59-3170577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GEORGE L. HAYES, III SERVICES I
696 FIRST AVE N
STE 303
ST. PETERSBURG FL 33701

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, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

YOUNESS, DANIEL W

STREET ADDRESS

13129 CIMARRON CIRCLE, NORTH
LARGO FL 34644

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

YOUNESS, ANGELINE

STREET ADDRESS

13129 CIMARRON CIRCLE, NORTH
LARGO FL 34644

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

YOUNESS, DANIEL W.
13000 PARK BLVD.
SEMINOLE, FL 34646

☒ Change ☐ Addition

YOUNESS, ANGELINE
13000 PARK BLVD.
SEMINOLE, FL 34646

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)