FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035794 (5)**

1. Corporation Name

QUALITY FOOD EQUIPMENT DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
6104 N. LANE AVE JACKSONVILLE FL 32254 US	4671 EDISON AVE. JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 5589 Commonwealth Ave
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32254 25: Country: USA

2a. Mailing Address
26: 5589 Commonwealth Ave
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL
29: Zip: 32254 30: Country: USA

4. FEI Number: 59-3182763 ☐ 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

MILLER, DAVID F JR.
4671 EDISON AVE.
JACKSONVILLE FL 32205

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	D	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID F SR.	12 NAME	
STREET ADDRESS	4671 EDISON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID F JR.	22 NAME	
STREET ADDRESS	4671 EDISON AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	COPELAND, TONY D	32 NAME	D Copeland, Tony D
STREET ADDRESS	4671 EDISON AVE.	33 STREET ADDRESS	5589 Commonwealth Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32205	34 CITY-ST-ZIP	Jacksonville, FL 32254
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Tony D. Copeland Tony D. Copeland 4/25/95 904-783-6069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020649 CP