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 # P93000035794

QUALITY FOOD EQUIPMENT DISTRIBUTORS, INC.

Principal Plac	ce of Business	Mailing Address			1111
5589 COMMONWEALTH AVE 5589 JACKSONVILLE FL 32254 JACK		5589 COMMONWEALTH A JACKSONVILLE FL 32254		DO NOT WIDITE IN THIS SPACE	
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				05/14/1993	Į
2. Principal I	Place of Business	2a. Mailing Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number Applied Fo	ır
21		26		59-3182763 Not Applica	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		\$8.75 Additions	
22		27	·	5. Certificate of Status Desired Fee Required	
City & State City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	2
Zíp	Country	Zip	Country	This corporation owes the current year Intangible	
24	25	[29]	30	Personal Property Tax. Yes No	
	9. Name and Address of Curren	nt Registered Agent	81 Na	10. Name and Address of New Registered Agent ame	
MIL	LER, DAVID F. JR.	e fa trough Nadion of the	Jon Na	anie .	ľ
4671 EDISON AVE.			82 Str	treet Address (P.O. Box Number is Not Acceptable)	
	KSONVILLE FL 32205		83		
		•	33		11
		0	84 City	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	ites the above-nam	med corporation submits this statement for the purpose of changing its register	ho
office or	registered agent, or both, in the State	of Florida. Such change was	authorized by the c	corporation's board of directors. I hereby accept the appointment as registered	eu.
	am familiar with, and accept the obliga	tions of, Section 607.0505, FI	onda Statutes.	1-11 ac	
SIGNATURE	Signature, type for printed name of legistered age	nt and title if applicable. (NOT	E: Registered Agent signal	nature required when reinstating) DATE	.
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Ad	_
NAME	MILLER, DAVID F SR.				-
STREET ADDRESS	4671 EDISON AVE.		1.2 NAME		-
CITY-ST-ZIP			1.2 NAME 1.3 STREET ADDRI	RESS	-
TITLE	JACKSONVILLE FL 32205				-
AZA NAT	JACKSONVILLE FL 32205	DELETE	1.3 STREET ADDRI		dition
NAME	+		1.3 STREET ADDRI	•	dition
STREET ADDRESS	D MILLER, DAVID F JR. 4671 EDISON AVE.	DELETE	1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE	. ☐ Change ☐ Ad	dition
	D MILLER, DAVID F JR.		1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Change Ad	dition
STREET ADDRESS	D MILLER, DAVID F JR. 4671 EDISON AVE.	DELETE	1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRI	Change Ad	dition
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STREET ADDRESS CITY-ST-ZIP TITLE	D MILLER, DAVID F JR. 4671 EDISON AVE. JACKSONVILLE FL 32205 D COPELAND, TONY D 5589 COMMONWEALTH AVE		1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRI 2.4 CITY-ST-ZIP 3.1 TITLE	Change Ad	dition
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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, with all other like empowered.

6.4 CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90047 008 ***150.00