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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:10

DOCUMENT # P93000069104 (6)

1. Corporation Name

FOODSTAFF OF ORLANDO, INC.

Principal Place of Business	Mailing Address
2431 ALOMA AVE. SUITE 233 WINTER PARK FL 32792	C/O 701 E BAY STREET — Box 1105 ~~STE 1105~~ CHARLESTON SC 32792 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 6900 So. O.B.T.	26 701 E. Bay St. Box 1105
Suite, Apt. #, etc. 22 Suite 306	Suite, Apt. #, etc. 27
City & State 23 Orlando, Fl	City & State 28 Charleston, S.C
Zip 24 32809 Country 25 U.S.A.	Zip 29 29403 Country 30 U.SA

4. FEI Number: 59-3204220 ☐ 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

BERNARD, JAMES
2431 ALOMA AVE.
SUITE 233
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

01 Name: Bernard, James
02 Street Address (P.O. Box Number is Not Acceptable): 6900 South O.B.T. Suite 306
03
04 City: Orlando 05 FL Zip Code: 32809

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	1.1 TITLE	FoodStaff of Orlando 6900 So. O.B.T., Suite 306 Orlando, FL 32809 ☐ Change ☐ Addition
NAME	BOLEN, BAILEY	1.2 NAME	
STREET ADDRESS	2431 ALOMA AVE., SUITE 233	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	FoodStaff of Orlando 6900 So. O.B.T., Suite 306 Orlando, FL 32809 ☐ Change ☐ Addition
NAME	SAVARESE, CHARLES J III	2.2 NAME	
STREET ADDRESS	2431 ALOMA AVE., SUITE 233	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Bailey Bolen 1-18-95 9037248350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418602 FP