

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Chapter 60, Part 1
Division of Corporations

DOCUMENT # P93000070810 (5)

1. Corporation Name:

MANASSAS FOODSERVICE, INC.

Principal Place of Business:

1755 N CONGRESS ST
BOYNTON BEACH FL 33426

Mailing Address:

1755 N CONGRESS ST
BOYNTON BEACH FL 33426

APPROVED
AND
FILED
95 MAY -1 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date First Issued or Qualified: 10/12/1993
3a. Date of Last Report: 05/01/1994

4. FEE NUMBER: APPLIED FOR 65-0575417
Applied For: ☒ Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under Chapter 607, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 2a. Mailing Address:
21. State: Apt. # etc. 26. State: Apt. # etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer

Signature of Registered Agent or Director or Officer

DATE

12. OFFICE RELEVANT TO THE REPORT

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)

12. OFFICE RELEVANT TO THE REPORT
OFFICE NAME: WALSH, MICHAEL
STREET ADDRESS: 1755 N CONGRESS AVE
CITY, ST, ZIP: BOYNTON BEACH FL 33426
OFFICE NAME: GREENE, DOUGLAS E
STREET ADDRESS: 1755 N CONGRESS AVE
CITY, ST, ZIP: BOYNTON BEACH FL 33426
OFFICE NAME: AKRIDGE, DAVID
STREET ADDRESS: 1755 N CONGRESS AVE
CITY, ST, ZIP: BOYNTON BEACH FL 33426
OFFICE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY, ST, ZIP: [Blank]
OFFICE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY, ST, ZIP: [Blank]

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)
1. NAME: [Blank] Change: ☐ Addition: ☐
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100. NAME: [Blank] Change: ☐ Addition: ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or any other block, with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Walsh

4/4/95 407-733-6000

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000071680 (1)

1. Corporation Name

INDUSTRY CONSULTING SERVICES, INC.

FILED MAY 1 1996

INDUSTRY CONSULTING SERVICES, INC.
TALLAHASSEE, FLORIDA

Principal Place of Business

7328 POINT OF ROCKS RD
SARASOTA FL 34242

Mailing Address

7328 POINT OF ROCKS RD
SARASOTA FL 34242

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification

10/08/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0440292

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State Apt # etc

22 City & State

24 Zip Country

2a. Mailing Address

26 State Apt # etc

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

PARKER, THEODORE
2033 MAIN ST
STE 100
SARASOTA FL 34237

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

(If agent is not a resident of the State of Florida, the signature must be of a resident of the State of Florida.)

(If the registered agent is not a resident of the State of Florida, the signature must be of a resident of the State of Florida.)

DATE

12. OFFICERS AND DIRECTORS

12a. TITLE	12b. NAME	12c. STREET ADDRESS	12d. CITY & STATE	12e. ZIP
PD	PARKER, THEODORE	7328 POINT OF ROCKS RD	SARASOTA	FL
VP-Treasurer - Secretary	Deborah A. Moore	7328 Point of Rocks Rd	Sarasota	FL 34242

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	13b. NAME	13c. STREET ADDRESS	13d. CITY & STATE	13e. ZIP	13f. Change	13g. Addition
					☐	☐
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE

Deborah A. Moore

9-27-95

399-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071929 (2)

1. Corporation Name

GLOBAL CONTRACTORS, INC.

Principal Place of Business

**900 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211**

Mailing Address

**P.O. BOX 91496
MOBILE AL 36691
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/01/1994

4. F.E.T. Number

59-3207541

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. Does corporation have liability for intangible tax under s. 198.04?

Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

apt.

Country

apt.

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.05(3) and 607.15(3)(b), Florida Statutes, this 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, thereby, a copy of the appointment as registered agent form, familiar with, and a copy of the obligations of, Section 198.04, Florida Statutes.

SIGNATURE

(Signature of Agent, Officer, or Director, if the Agent is the Corporation)

(Signature of Agent, Officer, or Director, if the Agent is the Corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FREY, CHARLES B
STREET ADDRESS	3654 HALLS MILL ROAD
CITY, ST, ZIP	MOBILE AL
TITLE	D
NAME	MASON, CHARLES
STREET ADDRESS	3654 HALLS MILL ROAD
CITY, ST, ZIP	MOBILE AL 36693
TITLE	ST
NAME	BECKY LENTZ
STREET ADDRESS	3654 HALLS MILL ROAD
CITY, ST, ZIP	MOBILE AL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 198.04(3)(g), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (334)666-5199
Date Daytime Phone