FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P93000070810 (5)**

1. Corporation Name
MANASSAS FOODSERVICE, INC.

Principal Place of Business	Mailing Address
1755 N CONGRESS ST BOYNTON BEACH FL 33426	1755 N CONGRESS ST BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # (if any) — 22 / 27
City & State — 23 / 28
ZIP — 24
County — 25
Country — 29
Foreign Zip — 30

4. FEI Number: **APPLIED FOR** 65-0575417 ☐ 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 authority to transact business in Florida but desires to designate additional Florida Statutes ☒ Yes ☐ No

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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1008, 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. I hereby certify that the corporation has authorized the officers or directors to execute this statement. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE (Registered Agent) — DATE

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	WALSH, MICHAEL	NAME	
STREET ADDRESS	1755 N CONGRESS AVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GREENE, DOUGLAS E	NAME	
STREET ADDRESS	1755 N CONGRESS AVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	AKRIDGE, DAVID	NAME	
STREET ADDRESS	1755 N CONGRESS AVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is accurate and that, for profit corporations, the annual report fee has been paid. I further certify that the information indicated on this report or supplemental requirement to 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 above, or on an attachment with an asterisk.

SIGNATURE: Dan Walsh — 4/4/95 — 407-732-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0284884 CP

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1995

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

APPROVED AND FILED

[illegible] PM 2:57

[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071680 (1)**

1. Corporate Name

INDUSTRY CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
7328 POINT OF ROCKS RD SARASOTA FL 34242	7328 POINT OF ROCKS RD SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

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 S. 199.032.* Florida Statutes ☐ Yes ☐ No

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 the 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	01 TITLE	☐ Change ☐ Addition
02 NAME	PARKER, THEODORE	02 NAME	
03 STREET ADDRESS	7328 POINT OF ROCKKS RD	03 STREET ADDRESS	
04 CITY ST ZIP	SARASOTA FL	04 CITY ST ZIP	
01 TITLE	VP-Treasuer-Secretary	21 TITLE	☐ Change ☐ Addition
02 NAME	Deborah A. Moore	22 NAME	
03 STREET ADDRESS	7328 Point of Rocks Rd	23 STREET ADDRESS	
04 CITY ST ZIP	Sarasota FL 34242	24 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY ST ZIP		64 CITY ST ZIP	
01 TITLE		81 TITLE	☐ Change ☐ Addition
02 NAME		82 NAME	
03 STREET ADDRESS		83 STREET ADDRESS	
04 CITY ST ZIP		84 CITY ST ZIP	
01 TITLE		101 TITLE	☐ Change ☐ Addition
02 NAME		102 NAME	
03 STREET ADDRESS		103 STREET ADDRESS	
04 CITY ST ZIP		104 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 added by attachment with an asterisk.

SIGNATURE: Deborah A. Moore - Deborah A. Moore 9-27-95 813 399-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0344810 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI 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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 617.0502, 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 ________

12. OFFICERS AND DIRECTORS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: ✓ Charles [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date (334)666-5197 Daytime Phone #

0471785 FP