SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 AUG -8 AM 4:15

DOCUMENT # P94000000005 (6)

1. Corporation Name

RESTAURANT AND INSTITUTIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
1118 35TH AVE N ST PETERSBURG FL 33704	1118 35TH AVE N ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6250 - 42nd St. N.	26 6250 - 42nd St. N.
Suite, Apt. #, etc. 22 # 14	Suite, Apt. #, etc. 27 # 14
City & State 23 Pinellas Park, FL	City & State 28 Pinellas Park, FL
Zip / Country 24 34665 / 25 USA	Zip / Country 29 34665 / 30 USA

4. FEI Number: 59-3169237 ☐ 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. 199.033, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOPP, DEANNE 1118 35TH AVE N ST PETERSBURG FL 33704	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	President	☒ Change ☐ Addition
NAME	HOPP, SCOTT	12 NAME		
STREET ADDRESS	1118 35TH AVE N	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	~~Vice President~~	☒ Change ☐ Addition
NAME	HOPP, DEANNE	22 NAME		
STREET ADDRESS	1118 35TH AVE N	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704	24 CITY-ST-ZIP		
TITLE		31 TITLE	Secretary	☐ Change ☒ Addition
NAME		32 NAME	Travis Hise	
STREET ADDRESS		33 STREET ADDRESS	881 La Plaza Ave. S.	
CITY-ST-ZIP		34 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		41 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		42 NAME	GAIL FAUST	
STREET ADDRESS		43 STREET ADDRESS	15410 LIVINGTON AVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	LUTZ, FL 33549	
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		

CR2E034 (3/95)

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: Deanne L. Hopp Deanne L. Hopp 8-1-95 813-522-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167122 FP