SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000000005 (6)**

1. Corporation Name
RESTAURANT AND INSTITUTIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
6250 42ND ST N #14 PINEALLAS PARK FL 34665 US	6250 42ND ST. N #14 PINELLAS PARK FL 34665 US

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

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 08/08/1995
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. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOPP, DEANNE
1118 35TH AVE N
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name: Hopp, Deanne
82 Street Address (P.O. Box Number is Not Acceptable): 4327 15th Way
83
84 City: Palmetto **FL** 85 Zip Code: 34221

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 (*28) Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HOPP, SCOTT		12 NAME		
STREET ADDRESS	1118 35TH AVE N		13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ 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		☐ DELETE	31 TITLE	S	☐ Change ☒ Addition
NAME			32 NAME	Hise, Travis	
STREET ADDRESS			33 STREET ADDRESS	881 LaPlaya Ave. S.	
CITY-ST-ZIP			34 CITY-ST-ZIP	St. Petersburg, FL	
TITLE		☐ DELETE	41 TITLE	VP	☐ Change ☒ Addition
NAME			42 NAME	Patton, Michael T.	
STREET ADDRESS			43 STREET ADDRESS	1518 Clement Rd. #12	
CITY-ST-ZIP			44 CITY-ST-ZIP	Lutz, FL 33549	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deanne H Hopp 6-10-96 813-522-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #