

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

4-6-95 B-3087-C

APPROVED
AND
FILED

50 APR -5 AM 6:52

CLERK OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. McHenry
Secretary of State
Tallahassee, FL 32399-0400

DOCUMENT # **P94000024866 (3)**

A & C FOOD SERVICES, INC.

Principal Office Address: **25 SECOND ST N
SUITE 200
ST PETERSBURG FL 33701**
Mailing Address: **25 SECOND ST N
SUITE 200
ST PETERSBURG FL 33701**

(CHECK ONE IN THIS SPACE)

3. Enter the corporation's Fiscal Year: **03/28/1994**
3a. Date of Last Report

2. Principal Office of Business: **3000 34th St. So.**
2a. Mailing Address: **3000 34th St. So.**
2b. Apt. # etc: **M-1**
2c. City & State: **St. Petersburg, FL.**
2d. Zip: **33711**
2e. Pinellas
2f. Country: **Pinellas**

4. FIC Number: **59-3233443**
5. Certificate of Status Desired: ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Fund Contribution: ☐ **\$5.00 May Be Added to Fees**
8. The corporation has liability for intangibles for under 5% (F.S. 609.06): ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALSUP, ALAN R
25 SECOND ST N
SUITE 200
ST PETERSBURG FL 33701**

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **3000 34th ST. SO. STE. M-1**
83.
84. City: **St. Petersburg** **FL** 85. Zip Code: **33711**

11. Pursuant to the provisions of Sections 607.06(2) and 607.1308, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as indicated above and 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 607.06(1) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Agent) (Type Name)

(Signature of Secretary or President or Other Officer) (Type Name)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	D	ALSUP, ALAN R
2. STREET ADDRESS	25 SECOND ST N	ST PETERSBURG FL 33701
3. CITY	D	SNELL, THOMAS
4. STREET ADDRESS	25 SECOND ST N	ST PETERSBURG FL 33701
5. CITY	D	COX, THOMAS F
6. STREET ADDRESS	25 SECOND ST N	ST PETERSBURG FL 33701
7. CITY		
8. NAME		
9. STREET ADDRESS		
10. CITY		
11. NAME		
12. STREET ADDRESS		
13. CITY		
14. NAME		
15. STREET ADDRESS		
16. CITY		
17. NAME		
18. STREET ADDRESS		
19. CITY		
20. NAME		
21. STREET ADDRESS		
22. CITY		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, #4-12

1. NAME	☒ Change ☐ Addition
2. STREET ADDRESS	3000 34th St. So. Ste. M-1
3. CITY	St. Petersburg, FL. 33711
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	3000 34th St. So. Ste. M-1
6. CITY	St. Petersburg, FL. 33711
7. NAME	☒ Change ☐ Addition
8. STREET ADDRESS	3000 34th St. So. Ste. M-1
9. CITY	St. Petersburg, FL. 33711
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	3000 34th St. So. Ste. M-1
12. CITY	St. Petersburg, FL. 33711
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. NAME	
20. STREET ADDRESS	
21. CITY	
22. NAME	
23. STREET ADDRESS	
24. CITY	

14. I hereby certify that the information supplied with this filing is accurate, complete and correct, for the corporation stated in Section 607.06(1) Florida Statutes. I further certify that the information supplied on the annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am a shareholder of the corporation or the holder of a share of the corporation, I hereby certify that the information supplied is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am not a shareholder of the corporation or the holder of a share of the corporation, I hereby certify that the information supplied is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas F. Cox

PRINT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Cox

4/3/95 (813) 896-269