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FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000051201 (9)

1. Corporation Name

CENTRAL FLORIDA DELI, INC.



Principal Place of Business

Mailing Address

4391 S. FLORIDA AVE.
LAKELAND FL 33813-1632

P.O. BOX 3928
BRANDON FL 33509-3928

2. Principal Place of Business

2a. Mailing Address

21 909 W. Brandon Blvd.

26

07/07/1994

05/01/1996

4. FEI Number

Applied For

59-3257722

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Brandon, Florida

28

24 Zip

Country

29 Zip

Country

24 33511

25 Hillsborough

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DENNIS A
230 S. FLORIDA AVE.
SUITE 501
LAKELAND FL 33801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS ☒ DELETE

NAME ANDERSEN, RANDY
STREET ADDRESS 1245 JEFFERSON DR.
CITY-ST-ZIP LAKELAND FL 33803

1.1 TITLE

☐

Change

☐

Addition

TITLE P. ☐ DELETE

NAME MAHAN, GARY
STREET ADDRESS 3816 S. 9TH DR.
CITY-ST-ZIP VALRICO FL 33594

1.2 NAME

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS

☐

Change

☐

Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP

☐

Change

☐

Addition

14. I do hereby certify that the information supplied with this filing 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:

2-1-97

(913) 661-2817

CR2E034 (9/96)