

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:21

DOCUMENT # P94000085816 (4)

1. Corporation Name

INGREDIENT SUPPLY CORPORATION

Principal Place of Business

20 N ORANGE AVE
14TH FLOOR
ORLANDO FL 32801

Mailing Address

20 N ORANGE AVE
14TH FLOOR
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

21. Principal Place of Business

950 S. Winter Park Drive

2a. Mailing Address

4. FEI Number

59-3297087

Applied For

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.

Suite 325

27. Suite, Apt. #, etc.

23. City & State

Casselberry, Florida

28. City & State

24. Zip

32707

Country USA

29. Zip

30. Country

9. Name and Address of Current Registered Agent

TALLEY, JAMES M
20 N ORANGE AVE
SUITE 1500
ORLANDO FL 32801

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | D |
| NAME | VAN HEEL, ALBERT |
| STREET ADDRESS | 315 HAZELNUT ST |
| CITY - ST - ZIP | WINTER SPRINGS FL 32708 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| 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

| | | |
|---------------------|-------------------------------------|--|
| 1. TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | D VAN HEEL ALBERT | |
| 3. STREET ADDRESS | 950 S. WINTERPARK DRIVE - SUITE 325 | |
| 4. CITY - ST - ZIP | CASSELBERRY, FLORIDA 32707 | |
| 21. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | | |
| 23. STREET ADDRESS | | |
| 24. CITY - ST - ZIP | | |
| 31. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | | |
| 33. STREET ADDRESS | | |
| 34. CITY - ST - ZIP | | |
| 41. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | | |
| 43. STREET ADDRESS | | |
| 44. CITY - ST - ZIP | | |
| 51. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | | |
| 53. STREET ADDRESS | | |
| 54. CITY - ST - ZIP | | |
| 61. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | | |
| 63. STREET ADDRESS | | |
| 64. CITY - ST - ZIP | | |

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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, unchanged, or on an attachment with an address.

SIGNATURE:

(PRINT NAME AND TYPE OF OFFICER OR DIRECTOR)

4/10/95 2606062
Date (Type 1/1/95)