FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000071936 (5)

1. Corporation Name
LARIANO'S FOOD SERVICE, INC.

Principal Place of Business	Mailing Address
~~2128~~ NORTH SUNSHINE PATH CRYSTAL RIVER FL 34429	~~2129~~ NORTH SUNSHINE PATH CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified: 09/15/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2315 North Sunshine Path
22 Suite, Apt. #, etc.
23 City & State: CRYSTAL RIVER, FLORIDA
24 Zip: 34428 25 Country: CITRUS

2a. Mailing Address
26 2315 North Sunshine Path
27 Suite, Apt. #, etc.
28 City & State: CRYSTAL RIVER, FLORIDA
29 Zip: 34428 30 Country: CITRUS

4. FEI Number: 59-2795514 ☐ 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

AURIGEMMA, MARTIN L
~~2129 NORTH SUNSHINE PATH~~
~~CRYSTAL RIVER FL 34429~~
1454 North Rabeck Ave.
Lecanto, FL.
34461

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: Martin L. Aurigemma - PRESIDENT
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required for new filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	* PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AURIGEMMA, MARTIN L	1.2 NAME	
STREET ADDRESS	1454 NORTH RABECK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	1.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AURIGEMMA, NORMA N	2.2 NAME	WAS ORIGINALLY LISTED AS A CORPORATE OFFICER ON 9/18/95
STREET ADDRESS	1454 NORTH RABECK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Martin L. Aurigemma — MARTIN L. AURIGEMMA — 5/10/96 — 352-746-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #