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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600020010

SUNCOAST FOOD SERVICES, INC.

Principal Place	e of Busines	Mailing A	Mailing Address										••			
1616 GULF-TO-I	BAY BLVD		P.O. BOX 6163													
CLEARWATER F	FL 33755		CLEARWATER FL 33758					DO NOT WRITE IN THIS SPACE								
US		05	US					3. Date Incorporated or Qualifed								
									03/0	05/1996						
2. Principal P	lace of Busin	2a. Mailin	2a. Mailing Address					4. FEI Number						olied For		
21			26						59-3	<u>3379663</u>	3					Applicable
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.					5. Certi	ifcate of S	tatus Des	sired		-		dditional
22			27	· · · · · · · · · · · · · · · · · · ·											ee Red	
City & State	e .	— ·	City & State					1	tion Camp	_	_				May Be	
23				Zip Country						t Fund Co					dded to	D Fees
Zip		Country	Zip			ountry			I	corporation		he curre	ent year I	ntangibli Ye 🔲		□No
24		25	29	A	30					onal Prop		Now D	onietoro			
	9. Name	and Address o	f Current Registered /	Agent		81	Nar	me	10, Maii	ie aliu Au	iuless Oi	HOWK	egistere	u Agent		
SCH	AFFNER, C	DANIFI K						110								_
	B KEENE I						Stre	eet Addres	ss (P.O. B	ox Numbe	r is Not	Accepta	ble)			
	ARWATER					83										
												,			- 4	
						84	City	1					F	L 85	Zip C	ode
11. Pursuant	to the provis	sions of Sections	607.0502 and 607.150	8, Florida Stat	utes, the	above	-nam	ned corpor	ration sub	mits this s	tatement	for the	purpose o	of chang	ing its	registered
office or r	registered ac	ient orboth in t	he State of Florida. Suche obligations of, Section	th change was	authoriz	zed by i	tne c	orporation	i's board o	of directors	s. I hereb	у ассер	t the app	ointmen	t as reg	gistered
ayent. ra	IIII IGIIIIIIIGI W	iur, and accept i	ne obligations of, occito	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
						talatoo.	•									
SIGNATURE	Signature, types	or printed name of reg	jistered agent and title if applicab					ure required w	when reinstatio	ng)			DATE			
SIGNATURE	Signature, types		gistered agent and title if applicable	ON) ek		ered Agent		ure required w		rg) TIONS/CH	IANGES	TO OFF		ND DIF	EÇTOI	RS IN 12
	Signature, typed			ON) ek	TE: Register	ered Agent		ure required w			IANGES	TO OFF			ECTOI	RS IN 12
12.	PST	OFFIC		ole. (NO	TE: Register	ered Agent		ure required w			IANGES	TO OFF				
12. TITLE NAME	PST METZ, RI	OFFIC		ole. (NO	TE: Register 1; 1.1 1.2	ered Agent 3. † TITLE	t signat				IANGES	TO OFF				
12. TITLE NAME STREET ADDRESS	PST METZ, RI	offic Chard e Jr Ringrain Dr		ole. (NO	TE: Register 1.1 1.1 1.2 1.3	ored Agent 3. † TITLE 2 NAME	t signat				IANGES	TO OFF				
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does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bod is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an andress, with all other like empowered. 14. I hereby certify that the information supplied with this fillin indicated on this annual report or supplemental annual reformation or the receiver of the Block 12 or Block 13 if changed, or on an attach per it will be a supplementation. SIGNATURE: SIGNATURE AND TYPED OR PRINT

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

IAME OF SIGNING OFFICER OR DIRECTOR