

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000034831

1. Entity Name  
GEMINI FOOD SERVICE, INC.



Principal Place of Business  
7815 - 38TH AVE N  
ST PETERSBURG, FL 33710

Mailing Address  
7815 - 38TH AVE N  
ST PETERSBURG, FL 33710



03072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3374570

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

O'NEAL, ROCK  
150-153 AVE  
STE 203  
MADEIRA BEACH, FL 33708

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicator.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
KROPP, WILLIAM F  
5518 21ST AVE N  
ST PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
KROPP, FAYE G  
5518 21ST AVE N  
ST PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
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CITY ST ZIP

000000088128  
03/15/04-80039-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Kropp* WILLIAM F. KROPP - PRESIDENT

3/12/04

727-381-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #