FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000038230 (4) FOOD MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 3501 TOWNSEND BLVD #242 3501 TOWNSEND BLVD #242 JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/30/1996 Applied For 2. Principal Place of Business 20. Mailing Address 4. FEI Number 1248 BREKMAN DE 1848 BEEXHON OR 59-3381305 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be TYGCKIONINGS 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. Name and Address of New Registered Agent 81 Name JUSTUS, RICHARD L 1248 BEEKMAN DR Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32226 83 84 City 85 Zip Code Fl 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 Stonature, typed or printed name of registered agent and tilkrif applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE

Change Addition JUSTUS, RICHARD L NAME 12 NAME 3501-TOWNSEND BLVD #242 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 30277-CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE

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CITY - ST - ZIP 14. Thereby 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 of this 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 of this accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of this accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of this accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of this accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of this accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of this accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the accurate and shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the accurate and the oath of the corporation of the corpor

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(10/97) CR2E034