FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000038230**1. Corporation Name

FOOD MANAGEMENT SERVICES, INC.

Principal Place of Business				Ma	Mailing Address								11111 4411 1441	
1248 BEEKMAN DR				124	1248 BEEKMAN DR									
JACKSONVILLE FL 32226			JACKSONVILLE FL 32226						DO NOT WRITE IN THIS SPACE					
US				US	US					3. Date Incorporated or Qualified				1
										04/30/1996				1
2. Dain sin at D	1f D:			120	Mailing Address					4. FEI Number		Δr	plied For	
2. Principal Place of Business			⊢	2a. Mailing Address					59-3381305		<u> </u>	ot Applicable	ł	
21 Suite Ant # etc			26	Suite, Apt. #, etc.					39-336 1303			Additional	1	
Suite, Apt. #, etc.			27						5. Certifcate of Status Desired			equired		
22 City & State			27	27 City & State					6. Election Campaign Financing		\$5.00	May Be	1	
City & State			28	28					Trust Fund Contribution			to Fees	1	
23 Zip		Country			Zip		Country	,		8. This corporation owes the curre	nt vear Inta	ngible	=,===	<u> </u>
24	· I	25		29		30	·			Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	
24		and Addres	s of Currer		tered Agent	1001.				10. Name and Address of New Re	egistered A	gent]
						•	81	Name						
JUS	TUS, RICH/	ard L					20	011	A 44	(D.O. Bay Number in Not Assentate	nio)			ł
1248	BEEKMAN	N DR					82	Street	Addres	ss (P.O. Box Number is Not Acceptat	ле)			
JACI	KSONVILLE	FL 32226					83							1
								ļ				3 (0.1.	ł
							84	City			FL	85 Zip	Code	ļ
11 Pursuant	to the provis	ions of Section	ns 607 050)2 and 6(07.1508. Florida	Statutes, th	ne above	e-named	corpor	ration submits this statement for the p	ourpose of c	hanging its	registered	l
I office or r	renistered an	ent or hoth i	in the State	of Florid	ta. Such change	was autnor	izea ov	the corp	oration	's board of directors. I hereby accept	the appoin	tment as re	gistered	
agent. I a	ım tamiliar wi	ith, and acce	pt the obliga	ations of,	Section 607.050	io, Fiorida s	Statutes	5.						
CONTRACT														ι
SIGNATURE	Elevation broad	Lor printed name of	of registered age	ant and title i	if annicable	(NOTE: Regis	tered Ager	nt signature	required v	when reinstating)	DATE			=
	Signature, typed	or printed name o					itered Ager	nt signature	required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12	g
12.			of registered age FICERS AN			Ţ,		nt signature	required v			D DIRECTO	DRS IN 12	(44,00)
12.	D	OF	FICERS AN		CTORS	TE .	13.	nt signature	required					(41/08)
12. TITLE NAME	D JUSTUS,	RICHARD I	FICERS AN		CTORS	ETE .	13. 1.1 TITLE 1.2 NAME							5024 (41/08)
12. TITLE NAME STREET ADDRESS	D JUSTUS, 1248 BEE	richard i Ekman dr	FICERS AN		CTORS	TE .	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS						005034 (44/08)
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14. 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 annual report or suppliemental 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 attachagent with an address, with all or left like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90033 015 ***150.00