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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000048532 (1)

1. Corporation Name  
ACAPULCO FRESH, INC.



Principal Place of Business

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DR SUITE 1014  
FT WALTON BEACH FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DR SUITE 1014  
FT WALTON BEACH FL 32547-6711

3. Date Incorporated or Qualified

05/31/1996

3a. Date of Last Report

2. Principal Place of Business

21 4771 BAYOU BLVD.

2a. Mailing Address

26 P.O. BOX 5470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 15

27

City & State

City & State

23 PENSACOLA, FLORIDA

28 DESTIN, FLORIDA

Zip

Country

Zip

Country

24 32503

25 USA

29 32540

30 USA

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

FOSTER, WILLIAM S  
909 MAR WALT DR FT FOSTER  
SUITE 1014  
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

JOHN N. GALEY

82 Street Address (P.O. Box Number is Not Acceptable)

4771 BAYOU BLVD. # 15

83

84 City

PENSACOLA

FL

85 Zip Code

32503

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

John N. Galey

JOHN N. GALEY

1-31-97

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME GALEY, JOHN N  
STREET ADDRESS P O BOX 5470 N/A  
CITY-ST-ZIP DESTIN FL 32540

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/V/T/S/D ☒ Change ☐ Addition  
1.2 NAME JOHN N. GALEY  
1.3 STREET ADDRESS P.O. BOX 5470 N/A  
1.4 CITY-ST-ZIP DESTIN, FL 32540

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 attachment with an address

SIGNATURE:

John N. Galey

JOHN N. GALEY PRESIDENT 1-31-97 904 969-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0488803

CR2E034 (9/96)