PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054885

1. Corporation Name

ROYALS FOOD SERVICES, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90007 050 ***150.00



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Principal Place	of Business	Mailing Address				+ 1001/1007 tra 10/10 0/11/1 00/11/1 00/11/1 00/11/1	1611 01001 10	101 10101 5111 1001	
324 SW 16TH STREET 324 SW 16TH STREE									
BELLE GLADE	FL 33430	BELLE GLADE FL 33430				DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed			
						06/27/1996		þ	
2 Princinal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21	•	26				65-0677334	1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	
27						5. Certificate of Status Desired	Fee	Required	
City & State City & State						6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country Zip Co		Cou	•		8. This corporation owes the current year Inta	¥		
24	25		30			,1 Cradital 1 specity Tax.	¹□ Yes	4-INO	
	9. Name and Address of Curr	rent Registered Agent		81	Nome	10. Name and Address of New Registered A	gent		
ucoi	DING IAMES M ID		.	٠'	Name				
HERRING, JAMES M JR 324 SW 16TH STREET				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	E GLADE FL 33430			83					
ocu	L GLADE I E OUTOU		1	63					
•				84	City	FL	85 Zi	p Code	
	to the annulaine of Continue 607.0	EO2 and EO7 1EO9 Elorida Statut	oc the at	2000	-named cor	moration submits this statement for the numose of	changing	its registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was a	uthorized	DV I	the corporal	tion's board of directors. I hereby accept the appoir	tment as	registered	
SIGNATURE									
0.0.0	Signature, typed or printed name of registered a	<u> </u>		Agent	t signature requi	red when reinstating) DATE	D DIDEC.	TODE (N. 42	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang		
TITLE	D DOVER OF DOE M	Ŭ nereie	1.1 111						
NAME	ROYAL, GEORGE M		1.2 NA						
STREET ADORESS	324 SW 16TH STREET				ADDRESS	·		ļ	
CITY-ST-ZIP	BELLE GLADE FL 33430		1.4 CF		r-ziP		[] Chang	e Addition	
TITLE	VP		2.1 111						
NAME	ROYAL, JEFFEREY L		2.2 NA			·			
STREET ADDRESS	324 SW 16TH STREET				ADDRESS			. 1	
CITY-ST-ZIP				TY-\$1	T-ZIP		Chang	e Addition	
TITLE	P]	•	□ ∧uang	D Madinoti	
NAME	ROYAL, JOHN C		3.2 N	•			<u> </u>		
STREET ADDRESS	324 SW 16TH STREET	* - · · -			ADDRESS				
CITY-ST-ZIP	BELLE GLADE FL 33430		3.4. CI		T-ZIP		Chang	e Addition	
TITLE	ST	☐ NETE E	4.1 111		Ì		பு பிவிழ		
NAME	HERRING, JAMES M JR		4.2 N					ľ	
STREET ADDRESS					ADDRESS		-		
CITY-ST-ZIP	BELLE GLADE FL 33430		4.4 CF		r-zip		Chang	e 🔲 Addition	
TITLE			5.1 TTI 5.2 NA			• •			
NAME	•		1		ADDDESS			ŀ	
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CF 6.1 TT		1-ZIP		Chang	ge 🔲 Addition	
TITLE		☐ DELETE			i		LJ Chang	lo Magning [
NAME			6.2 NA		, 1000ccc			ţ	
STREET ADDRESS	·				ADDRESS			1	
CITY-ST-ZIP		/	6.4 CF	ry-st	r-ZfP	<u> </u>			

CITY-ST-ZIP 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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EQUIRED James M. Herring, Jr, Date

Daytime Phone #