

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

1. Entity Name  
TOLEMAC FOOD SERVICES, INC.



PRO-ACCT SERVICES, INC.  
129 W. HISBISCUS BLVD., SUITE Q  
MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**



01062004      No Chg-P      CR2E034 (10/03)

4. FEI Number  
59-3401638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIELKE, MICHAEL A  
2005 CARLTON RD. #4  
MELBOURNE, FL 32935

**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

Signal are typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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	DPT
NAME	MIELKE, MICHAEL A
STREET ADDRESS	2005 CARLTON RD #4
CITY - ST - ZIP	MELBOURNE, FL 32935

TITLE	S
NAME	MIELKE, BRENDA
STREET ADDRESS	112 BEL AIRE DR
CITY-ST- ZIP	SATELLITE BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST. - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

01/12/14 7146  
01/12/14-80092-015 150.00

**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: Michael A. Mielke Michael A. Mielke 2/28/04 321-255-1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone