

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

FILED

May 02 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 # P96000091806 (5)

1. Corporation Name

QUALITY FOOD & VENDING MANAGEMENT INC.

Principal Place of Business

13839 TERN LANE
CLEARWATER FL 34622

Mailing Address

13839 TERN LANE
CLEARWATER FL 34622-4533

3. Date Incorporated or Qualified

11/04/1996

3a. Date of Last Report

4. FEI Number

59-3417270

Applied For

Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLESAS, JAMES G
13839 TERN LANE
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

JAMES G CLESAS JR.

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

13333 RIDGE RD. APT 2701

83

84 City

LARGO

FL

85 Zip Code

33778

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 JAMES G. CLESAS JR.

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

(NOTE: Registered Agent signature required when reinstating)

4-23-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CLESAS, JAMES G	
STREET ADDRESS	13839 TERN LANE	
CITY - ST - ZIP	CLEARWATER FL 34622	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CLESAS, ANN P	
STREET ADDRESS	13839 TERN LANE	
CITY - ST - ZIP	CLEARWATER FL 34622	
TITLE	VI	<input checked="" type="checkbox"/> DELETE
NAME	CLESAS, JAMES G JR	
STREET ADDRESS	13333 RIDGE ROAD APT 2701	
CITY - ST - ZIP	LARGO FL 33778	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CLESAS, KIMBERLY A	
STREET ADDRESS	3104 PRIMROSE DRIVE	
CITY - ST - ZIP	HOLIDAY FL 34691	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLESAS, JAMES G - SR.	
1.3 STREET ADDRESS	13333 RIDGE RD APT 2701	
1.4 CITY - ST - ZIP	LARGO, FL 33778	
2.1 TITLE	V.P. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLESAS, ANN P.	
2.3 STREET ADDRESS	13839 TERN LN	
2.4 CITY - ST - ZIP	CLEARWATER, FL 34622	
3.1 TITLE	MANAGING DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES G. CLESAS SR	
3.3 STREET ADDRESS	13839 TERN LN	
3.4 CITY - ST - ZIP	CLEARWATER, FL 34622	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

813.572.8572

Daytime Phone #

CR2E034 (9/96)