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Mar 04, 1999 8:00 am
Secretary of State

037713

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

03-04-1999 90124 004 ***150.00

DOCUMENT # P98000021917

1. Corporation Name
PLANT CITY FOOD SERVICE, INC.



Principal Place of Business
**300 WEST REYNOLDS STREET
 PLANT CITY FL 33566**

Mailing Address
**300 WEST REYNOLDS STREET
 PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	110 E. REYNOLDS STREET	26	POST OFFICE BOX 1118	03/09/1998	
Suite, Apt. #, etc. 22 SUITE 700		Suite, Apt. #, etc. 27		4. FEI Number	Applied For
City & State 23 PLANT CITY, FLORIDA		City & State 28 PLANT CITY, FLORIDA		59-3502893	Not Applicable
24	Zip 33566	25	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29	Zip 33564	30	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
VERNER, EDWARD M 300 WEST REYNOLDS STREET PLANT CITY FL 33566				81	Name			EDWARD M. VERNER
				82	Street Address (P.O. Box Number is Not Acceptable)			110 E. REYNOLDS STREET, SUITE 700
				83	City & State			PLANT CITY, FLORIDA
				84	City	PLANT CITY	FL	85

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNER, EDWARD M	1.2 NAME	President/Director
STREET ADDRESS	300 WEST REYNOLDS STREET	1.3 STREET ADDRESS	EDWARD M. VERNER
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	110 E. REYNOLDS STREET, SUITE 700
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vice Pres./Director
STREET ADDRESS		2.3 STREET ADDRESS	JOHN V. VERNER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	110 E. REYNOLDS STREET, SUITE 700
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary/Director
STREET ADDRESS		3.3 STREET ADDRESS	JAMES R. SHUMP
CITY-ST-ZIP		3.4 CITY-ST-ZIP	110 E. REYNOLDS STREET, SUITE 700
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ed M. Verner (Pre-s.) Date: 2/18/99 Daytime Phone # _____

CR2E034 (1/198)