

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

59-3502893

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **110 E. REYNOLDS STREET**

2a. Mailing Address

26 **POST OFFICE BOX 1118**

Suite, Apt. #, etc.

22 **SUITE 700**

Suite, Apt. #, etc.

27

City & State

23 **PLANT CITY, FLORIDA**

City & State

28 **PLANT CITY, FLORIDA**

Zip

24 **33566**

Country

25

Zip

29 **33564**

Country

30

9. Name and Address of Current Registered Agent

**VERNER, EDWARD M
300 WEST REYNOLDS STREET
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name

EDWARD M. VERNER

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

110 E. REYNOLDS STREET, SUITE 700

83

PLANT CITY, FLORIDA

84

PLANT CITY

FL

85 Zip Code
33566

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

Signature, 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
D VERNER, EDWARD M
STREET ADDRESS
300 WEST REYNOLDS STREET
CITY-ST-ZIP
PLANT CITY FL 33566

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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

President/Director

☒ Change ☐ Addition

1.2 NAME

EDWARD M. VERNER

1.3 STREET ADDRESS

**110 E. REYNOLDS STREET, SUITE 700
PLANT CITY, FL 33566**

1.4 CITY-ST-ZIP

2.1 TITLE

Vice Pres./Director

☐ Change ☒ Addition

2.2 NAME

JOHN V. VERNER

2.3 STREET ADDRESS

**110 E. REYNOLDS STREET, SUITE 700
PLANT CITY, FL 33566**

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary/Director

☐ Change ☒ Addition

3.2 NAME

JAMES R. SHUMP

3.3 STREET ADDRESS

**110 E. REYNOLDS STREET, SUITE 700
PLANT CITY, FL 33566**

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 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
Ed M. Verner, President/Director

2/18/99

Date

Daytime Phone #

037713

CR2E034 (1/98)