FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 3:57

DOCUMENT # S67606 (1)

1. Corporation Name
DANIELS FOODSERVICE, INC.

Principal Place of Business	Mailing Address
13320 METRO PARKWAY S.E. FT. MYERS FL 33912-4703	13320 METRO PARKWAY S.E. FT. MYERS FL 33912-4703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26: 950 ARTHUR AVE
27: Suite, Apt. #, etc.:
28: ELK GROVE VILLAGE, ILL.
29: Zip: 60007
30: Country:

4. FEI Number: 65-0277754 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BALOUSEK, TERRY W.	1.2 NAME	
STREET ADDRESS	13320 METRO PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, BARBARA	2.2 NAME	
STREET ADDRESS	13320 METRO PARKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	RAWSON, THOMAS	3.2 NAME	
STREET ADDRESS	13320 METRO PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	~~COUCH, JAMES~~	4.2 NAME	
STREET ADDRESS	~~13320 METRO PARKWAY~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~FT MYERS FL~~	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	DEANGELO, THOMAS	5.2 NAME	
STREET ADDRESS	13320 METRO PARKWAY	5.3 STREET ADDRESS	950 ARTHUR AVE
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	ELK GROVE VILLAGE, ILL. 60007
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	HINDMAN, DONALD	6.2 NAME	
STREET ADDRESS	13320 METRO PARKWAY	6.3 STREET ADDRESS	950 ARTHUR AVE.
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	ELK GROVE VILLAGE, ILL. 60007

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: T DeAngelo THOMAS DEANGELO, DIRECTOR 708/956-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0322695 CP