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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$83544

1. Corporation Name

L.R.S. FOOD SERVICE, INCORPORATED

				-						
Principal Place	e of Business	Maili	ing Address					IN 1940) BANA BARA BA	DI BABAN BIBIN BABIN BABIK B	1841 01014 1401
11383 N WILLIAMS ST		11383 N WILLIAMS ST								
P O BOX 489		P O BOX 489			DO NOT WRITE IN THIS SPACE					
DUNNELLON FL 34430		DUNNELLON FL 34430			3. Date Incorporated or Qualifed					
							09/24/1991	or Quanieu		
2 Principal Pi	lace of Business	2a. N	Mailing Address	_			4. FEI Number	 -	Api	olied For
21 Principal Fi	ISOS OF EQUILIESS	26	naming / table ood				59-3095833		 	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					 		\$8.75 A	dditional
22		27	27				5. Certifcate of Status	Desired [Fee Re	quired
City & Stat		(City & State			* 1. **	6. Election Campaign	Financing ~	\$5.00	May Be
23		28					Trust Fund Contrib	ution	Added to	Fees
Zip	Country	2	Zip		untry		8. This corporation or			I
24	25	29		30			Personal Property			□No
	9. Name and Address of Cu	rrent Registe	red Agent		81	Name	10. Name and Addres	ss of New Regi	sterea Agent	
CMI	TH, LOUISE R.				"	Name				
	B3 N WILLIAMS ST		• .		82	Street Add	ress (P.O. Box Number is	Not Acceptable)		
	INELLON FL 34430		NS 5/5		83					
1653 1 7		.,	d for the think		00			<u> </u>		
					84	City			85 Zip C	ode
11 Dureuant	to the provisions of Sections 607.	0502 and 607	7.1508. Florida Statu	utes, the	above	e-named con	noration submits this states	ment for the our	oose of changing its	registered:
office or c	edistered agent or both in the St	tate of Florida	Such change was	authorize	ed by 1	the corporati	on's board of directors. I'h	ereby accept the	e appointment as re	gistered - "
	m familiar with, and accept the ob	oligations or, s	ection 607.0305, Fi	ionua Sta	itutes.	•				,
SIGNATURE	Signature, typed or printed name of registered	d agent and title if a	pplicable. (NO?	TE: Registere	ed Ageni	t signature require	ed when reinstating)	· · · · · ·	DATE	
12.		AND DIREC		13	•		ADDITIONS/CHANG	SES TO OFFICE		
TITLE	DST		☐ DELETE	1.17	TITLE				Change	☐ Addition
NAME	SMITH, LOUISE R.	•		1.21	NAME	Ì				Ì
STREET ADDRESS	11383 N WILLIAMS ST			120						
CITY-ST-ZIP	DUNNELLON FL			1.00	STREET	ADDRESS				.
TITLE	DP				STREET CITY-ST	- 1				
NAME	CAUTH CHADLES I		☐ DELETE	1.4 (- 1			☐ Change	☐ Addition
STREET ADDRESS	SMITH, CHARLES J		☐ DELETE	1.4 (спу-вт	- 1			☐ Change	☐ Addition
CITY-ST-ZIP	11383 N WILLIAMS ST		☐ DELETE	1.4 (2.1 1 2.2 (CITY-ST TITLE NAME	- 1			☐ Change	☐ Addition
				2.11 2.21 2.33 2.4	CITY-ST TITLE NAME STREET CITY-S	ADORESS				
TITLE	11383 N WILLIAMS ST		DELETE	2.1 2.21 2.35 2.4 3.1	CITY-ST TITLE NAME STREET CITY-S	ADORESS			☐ Change	Addition
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	11383 N WILLIAMS ST DUNNELLON FL			1.4 (2.1) 2.2 (2.3) 2.4) 3.1) 3.2 (3.3)	CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET	T-ZIP ADDRESS T-ZIP TADDRESS				
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14. I hereby certify that the information exposed 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 suppliemental annual report is five 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 of 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 an attackpoint with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP