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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 27 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S89839

(2)

1. Corporation Name

FLORIDA FOOD MANAGEMENT, INC.

Principal Place of Business

**210 DOVERWOOD RD
FERN PARK FL 32730**

Mailing Address

**210 DOVERWOOD RD
FERN PARK FL 32730**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1991

3a. Date of Last Report

04/01/1994

4. FEI Number

59-3092633

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

21 400 North Street Suite 104

2a. Mailing Address

26 400 North Street Suite 104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Longwood FL 32750

City & State

28 Longwood FL 32750

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**HAYDEN, FISK
210 DOVERWOOD RD
FERN PARK FL 32730**

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

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

(SEE Registered Agent signature required when mandating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HAYDEN, FISK

STREET ADDRESS

210 DOVERWOOD RD

CITY, ST, ZIP

FERN PARK FL

TITLE

D

NAME

HAYDEN, STEVEN

STREET ADDRESS

380 LAKE ONTARIO CT #103

CITY, ST, ZIP

ALTAMONTE SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.03(1)(b), 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 and for appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Fisk Hayden* - Fisk Hayden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-95

(407) 339-3559