SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

1. Corporation Name

(0)

BALL PARK FOOD SERVICES INC.

rincipal Place of Business	Mailing Address
W WOLFSON PARK 1201 E. DUVAL STREET JACKSONVILLE FL 32202	% WOLFSON PARK 1201 E. DUVAL STREET JACKSONVILLE FL 32202
Principal Place of Business	2a. Mailing Address
Distance Annual Control	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2	27

FILED Jul 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					- 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984		
% WOLFSON		% WOLFSON PARK			1		
1201 E. DUVAL STREET 1201 E. DUVAL STREET							
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	3a, Date of Last Report	
					01/06/1992	09/23/,1996	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59:3106915	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has pa		
24	25	29 30		Personal Property Tax due June 30. X Yes No			
					10. Name and Address of New Re	gistered Agent	
	ragan, Bonita		81	Name			
1201 E. DUVAL ST. JACKSONVILLE FL 32202			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
"	IONOONVILLE FL 32202		83	·			
1					•		
			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the abov	re-named cor	poration submits this statement for the pation's board of directors. I hereby accept		
office or r	registered agent, or both, in the Sta im familiar with, and accept the obt	tle of Florida. Such change was	authorized to	y the corpore	ation's board of directors. I hereby accep	I the appointment as registered	
} ~	an tarimal with, and accept the els	igations of obction too .0005, 11	onda Gialoie	, .		ł	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NO	E: Registered Ac	ient signature regu	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PTS	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	Bragan, Bonita		1.2 NAME				
STREET ADDRESS	% 1201 E. DUVAL ST		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-	í			
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2 4 City				
TITLE		DELETE	3 1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME			-	
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELETE	5.1 TITLE	V. 211		Change Addition	
NAME		<u> </u>	S.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-\$1-ZIP			5.4 CITY-	ļ,			
TITLE		DELETÉ	6.1 TITLE	01.11		☐ Change ☐ Addition	
11100	i	- Present	W. I HILL	1			

CITY-ST-ZIP 14. I do 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 logal 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.

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

7/15/07 (GOV) 358,28410