

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 188142

Entity Name: FLORIDA FOOD SERVICE, INC.**Current Principal Place of Business:**5201 N.E. 40 TERR
GAINESVILLE, FL 32609**Current Mailing Address:**P O BOX 5247
GAINESVILLE, FL 32627 US**FEI Number:** 59-0756596**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ISLAM, JOEL SPRES
1724 NW 51ST TERRACE
GAINESVILLE, FL 32605 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VPD
Name	O'STEEN, STEVE M.
Address	18320 NW 55TH PLACE
City-State-Zip:	ALACHUA FL 32615

Title	CD
Name	ISLAM, S. JAMES
Address	2411 NW 24TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	SD
Name	ISLAM, JEFFREY S.
Address	5350 NE 200TH TERRACE
City-State-Zip:	WILLISTON FL 32696

Title	PD
Name	ISLAM, JOEL S.
Address	1724 N.W. 51ST TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	VPD
Name	TOKAR, JOEL
Address	4396 BANKS ROAD
City-State-Zip:	MIDDLEBURG FL 32068

Title	VP
Name	BARBIERI, STEPHEN R
Address	2244 NW 37TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN R. BARBIERI**VICE PRESIDENT****01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date