

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P28597** (3)

1. Corporation Name

**CANTEEN MANAGEMENT SERVICES, INC.**

Principal Place of Business

203 E. MAIN STREET  
SPARTANBURG SC 29319  
US

Mailing Address

203 E. MAIN STREET  
SPARTANBURG SC 29319  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/22/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **36-3760929** 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. 169.032, Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

Country

29

Country

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

Signature: Typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>RICHARDSON, JEROME J.</b>
STREET ADDRESS	<b>1116 WOODBURN RD.</b>
CITY- ST- ZIP	<b>SPARTANBURG SC</b>
TITLE	<b>VPAS</b>
NAME	<b>APRILE, JOSEPH A.</b>
STREET ADDRESS	<b>203 E. MAIN ST.</b>
CITY- ST- ZIP	<b>SPARTANBURG SC</b>
TITLE	<b>D</b>
NAME	<b>MAW, SAMUEL H.</b>
STREET ADDRESS	<b>203 E. MAIN ST.</b>
CITY- ST- ZIP	<b>SPARTANBURG SC</b>
TITLE	<b>VAS</b>
NAME	<b>WYNN, ROBERT L., III</b>
STREET ADDRESS	<b>203 E. MAIN STREET</b>
CITY- ST- ZIP	<b>SPARTANBURG SC</b>
TITLE	<b>VPS</b>
NAME	<b>MARSHALL, JAMES A</b>
STREET ADDRESS	<b>203 E. MAIN STREET</b>
CITY- ST- ZIP	<b>SPARTANBURG SC</b>
TITLE	<b>VTAS</b>
NAME	<b>DUREN, BURT C.</b>
STREET ADDRESS	<b>203 E. MAIN LST.</b>
CITY- ST- ZIP	<b>SPARTANBURG</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP A. Ray Biggs</b>
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S Rhonda J. Parish</b>
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D H. Stephen M. Marcus</b>
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 110.07(3)(k), 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:

*C. Burt Duren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. Burt Duren**

4/12/95

803-597-8000