FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000594 (2)

1. Corporate Name
PJ FOOD SERVICE, INC.

Principal Place of Business
11492 BLUEGRASS PKWY.
STE. 175
LOUISVILLE KY 40299

Mailing Address
11492 BLUEGRASS PKWY.
STE. 175
LOUISVILLE KY 40299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
(24) (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
(29) (30)

4. FEI Number: 61-1210265 — 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. Has Corporation been subject to interpleader under a federal or Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	SCHNATTER, JOHN H
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY, ST, ZIP	LOUISVILLE KY 40299
TITLE	DP
NAME	HOLLAND, J. DANIEL
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY, ST, ZIP	LOUISVILLE KY 40299
TITLE	CEO
NAME	SCHNATTER, JOHN H
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY, ST, ZIP	LOUISVILLE KY 40299
TITLE	GCS
NAME	SCHNATTER, CHARLES W
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175
CITY, ST, ZIP	LOUISVILLE KY 40299
TITLE	VP
NAME	DRUCILLA, MILBY E
STREET ADDRESS	111492 BLUEGRASS PKWY STE 175
CITY, ST, ZIP	LOUISVILLE KY
TITLE	VP
NAME	ROBERT, WADELL
STREET ADDRESS	11492 BLUEGRASS PKWY
CITY, ST, ZIP	LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	DIRECTOR	☐ Change	[X] Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

14. I hereby certify that the information supplied with this report, including any attachments, is true and complete, for the purposes of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report, not to include addresses, shall be the same as shall have been filed with the Internal Revenue Service pursuant to the provisions of the corporation's federal income tax return for the calendar year immediately preceding the report or required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with authority.

SIGNATURE: Charles W. Schnatter — 01/26/95 — 502-266-5200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0470100 FP