

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000000594 (2)**

1. Corporation 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**

3. Date Incorporated or Qualified **01/25/1993**      3a. Date of Last Report **05/01/1995**

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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip      Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip      Country  
29

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 607.0502 and 607.1506 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed in block (required) (do not apply)      Signature typed or printed in block (required) (do not apply)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	DC <b>SCHNATTER, JOHN H</b> <input type="checkbox"/> DELETE
NAME	<b>11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DP <b>HOLLAND, J. DANIEL</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	CEO <b>SCHNATTER, JOHN H</b> <input type="checkbox"/> DELETE
NAME	<b>11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY 40299</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D <b>SCHNATTER, CHARLES W</b> <input type="checkbox"/> DELETE
NAME	<b>11492 BLUEGRASS PKWY., STE. 175 LOUISVILLE KY</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VP <b>DRUCILLA, MILBY E</b> <input type="checkbox"/> DELETE
NAME	<b>111492 BLUEGRASS PKWY STE 175 LOUISVILLE KY</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VP <b>ROBERT, WADELL</b> <input type="checkbox"/> DELETE
NAME	<b>11492 BLUEGRASS PKWY LOUISVILLE KY</b>
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>400001915714</b>
4.3 STREET ADDRESS	<b>-08/07/96--01046--037</b>
4.4 CITY - ST - ZIP	<b>***25.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800001915718</b>
5.3 STREET ADDRESS	<b>-08/07/96--01046--038</b>
5.4 CITY - ST - ZIP	<b>***200.00</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PRESIDENT</b>
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 119.07(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: *Charles W. Schnatter, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charles W. Schnatter, Sr. VP, Secretary & General Counsel**  
08/07/96      502-266-5200  
(15) 7/9/96

CR2E034 (12/95)