

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 40299-2334**

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: **01/25/1993**
 3a. Date of Last Report: **08/07/1996**
 4. FEI Number: **61-1210265**
 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

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 (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCHNATTER, JOHN H	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SCHNATTER, JOHN H	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNATTER, CHARLES W	
STREET ADDRESS	11492 BLUEGRASS PKWY., STE. 175	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DRUCILLA, MILBY E	
STREET ADDRESS	111492 BLUEGRASS PKWY STE 175	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERT, WADELL	
STREET ADDRESS	11492 BLUEGRASS PKWY	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sr. VP, Secretary, & General Counsel (Director)
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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 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: _____

CR2E034 (9/96)