

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G19781 (5)
 1. Corporation Name
JOHNSON FOOD SERVICES, INC.



Principal Place of Business: **704 W HIGHWAY 50 C/O STEVEN E JOHNSON. POB 515 MASCOTTE FL 34753 US**
 Mailing Address: **735 W HWY 50 C/O STEVEN E JOHNSON. POB 515 MASCOTTE FL 34753**

3. Date Incorporated or Qualified: **01/21/1983** 3a. Date of Last Report: **03/17/1995**
 4. FEI Number: **59-2887811** 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, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent
**JOHNSON, STEVEN E.
 735 W. HIGHWAY 50
 MASCOTTE FL 34753**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ARVID R.	1.2 NAME	
STREET ADDRESS	6018 DOLVIN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFORD GA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ESTHER O.	2.2 NAME	
STREET ADDRESS	6016 DOLVIN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFORD GA	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEVEN E.	3.2 NAME	
STREET ADDRESS	12426 BAY LAKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LINDA	4.2 NAME	
STREET ADDRESS	12426 BAY LAKE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GARY E.	5.2 NAME	
STREET ADDRESS	2847 EMPIRE CH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DOROTHY	6.2 NAME	
STREET ADDRESS	2847 EMPIRE CH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven E. Johnson Steven E. Johnson 7/15 (352) 429-2093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Prefix & #

CR2E034 (3/96)