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Jan 24 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 # **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 34753-8001**

3. Date Incorporated or Qualified: **01/21/1983**
3a. Date of Last Report: **07/25/1996**
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. **704 E. Myers Blvd.**
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. **704 E. Myers Blvd.**
27. City & State
28. Zip
29. Country
30. 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): **704 E. Myers Blvd.**
83. City
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: *Steven E. Johnson* 1/9/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	6016 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	STDV <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	2651 Empire Church Rd.
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	2651 Empire Church Rd.
CITY - ST - ZIP	GROVELAND FL	4.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GARY E.	5.2 NAME	
STREET ADDRESS	2647 EMPIRE CH RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DOROTHY	6.2 NAME	
STREET ADDRESS	2647 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 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: *Steven E. Johnson* 1/9/97 (354) 429-3947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)