**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # G19781 (5) JOHNSON FOOD SERVICES, INC. Principal Place of Business Mailing Address 704 E MYERS BLVD 704 E MYERS BLVD MASCOTTE FL 34753 MASCOTTE FL 34753 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1983 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2887811 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year type personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, STEVEN E. 704 E MYERS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) MASCOTTE FL 34753 83 Zip Code 84 City 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 annually a accept the obligations of, Section 607.0505, Florida Statutes. Johnson 120/98 <u>57 DV</u> SIGNATURE required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE JOHNSON, ARVID R. 1.2 NAME NAME **6016 DOLVIN LANE** 1.3 STREET ADDRESS STREET ADDRESS **BUFORD GA** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 21 TITLE TITLE JOHNSON, ESTHER O. 22 NAME NAME **6016 DOLVIN LANE** 23 STREET ADDRESS STREET ADDRESS **BUFORD GA** 2 4 City-St-7P CITY-ST-ZIP STDV Change DELETE 3.1 THILE TITLE JOHNSON, STEVEN E. 3.2 NAME NAME 2651 EMPIRE CHURCH RD 3 3 STREFT ADDRESS STREET ADDRESS **GROVELAND FL** 3.4. CITY - ST - ZIP CITY-\$1-ZIP DELETE Change Addition 4.1 TITLE TITLE JOHNSON, LINDA NAME 4.2 NAME 2651 EMPIRE CHURCH RD 4.3 STREET ADDRESS STREET ADDRESS GROVELAND FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 5.1 TITLE TITLE

6.4 CITY-ST-ZIP 14. I 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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

**5.3 STREET ADDRESS** 

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

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CITY-ST-ZIP

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