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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G19781

JOHNSON FOOD SERVICES, INC.

Principal Place of Business Mailing Addre			ess				سنستنسب عدوي	-	
704 E MYERS BLVD MASCOTTE FL 34753 US		704 E MYERS BLVD MASCOTTE FL 34753 US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/21/1983			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-2887811		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	le	City & State				6. Election Campaign Financing	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cr	untry		8. This corporation owes the current year		,	
	25	29	30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curren		30	1		10. Name and Address of New Registe			
	- Harrie and Addiess of Guiten			81	Name		-		
JOHNSON, STEVEN E. 704 E MYERS BLVD									
				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	SCOTTE FL 34753			83					
				84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zi	p Code	
office or i	registered agent or both in the State	of Florida. Such change was a	UTDOCIZE	หากข	ine corporati	poration submits this statement for the purposon's board of directors. I hereby accept the a	se of changing appointment as	registered	
agent. l a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Sta	tutes.		,	• •		
SIGNATURE	Steven -								
	Signature, typed or printed name of registered age				t signature require	ed when reinstating): 3000 DA		TODE IN 12	
12.		ID DIRECTORS	13		1	ADDITIONS/CHANGES TO OFFICER	Chang		
TITLE	PD	☐ DELETE		TITLE		2年78年数章		je	
NAME	JOHNSON, ARVID R.		1	NAME					
STREET ADDRESS			1		ADDRESS			1	
CITY-ST-ZIP	BUFORD GA			CITY-S1	- ZIP	,		- Addition	
TITLE	D	. DELETE	1	TITLE			Chang	ge 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-S	T-ZIP			- Addition	
TITLE	STDV	☐ DELETE	3.1	TITLE			Chang	ge Addition	
NAME	JOHNSON, STEVEN E.		3.2	NAME					
STREET ADDRESS	F 75 7, 1 1 1		3.3	STREET	ADDRESS	1. 6 13 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	12 13 13 18	" 告: 始日勤 】	
CITY-ST-ZIP	GROVELAND FL		3.4.	CITY-S	T-ZIP	A CONTRACTOR OF STANCES		<u>1754 14 14 14 1</u>	
TITLE	D	☐ DELETE	4.1	TITLE		Charles Constitution From	다 : A La Chang	ge 🎉 💽 Addition	
NAME	JOHNSON, LINDA	t	4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS			•	
CITY-ST-ZIP	GROVELAND FL		_	CITY-S	r- ZIP				
TITLE		DELETE	- 1	TITLE			☐ Chang	ge	
NAME			1	NAMÉ					
STREET ADDRESS					ADDRESS	1. 1.00			
CITY-ST-ZIP	rill 1			CITY-S	r-ZiP	and a state of			
TITLE		☐ DELETE		TITLE		·	☐ Chang	ge 🗍 Addition	
NAME			6.2	NAME					
000000000000000000000000000000000000000			6.3	STREET	ADDRESS			Ι.	

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP