


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

FILED
Feb 15, 1999 8:00 am
Secretary of State

02-15-1999 90012 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G19781 1. Corporation Name JOHNSON FOOD SERVICES, INC.					
Principal Place of Business 704 E MYERS BLVD MASCOTTE FL 34753 US			Mailing Address 704 E MYERS BLVD MASCOTTE FL 34753 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/21/1983 4. FEI Number 59-2887811 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON, STEVEN E. 704 E MYERS BLVD 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 FL 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 <u>Steven E. Johnson</u> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	JOHNSON, ARVID R.				
STREET ADDRESS	6016 DOLVIN LANE				
CITY-ST-ZIP	BUFORD GA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JOHNSON, ESTHER O.				
STREET ADDRESS	6016 DOLVIN LANE				
CITY-ST-ZIP	BUFORD GA				
TITLE	STDV	<input type="checkbox"/> DELETE			
NAME	JOHNSON, STEVEN E.				
STREET ADDRESS	2651 EMPIRE CHURCH RD				
CITY-ST-ZIP	GROVELAND FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	JOHNSON, LINDA				
STREET ADDRESS	2651 EMPIRE CHURCH RD				
CITY-ST-ZIP	GROVELAND FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: Steven E. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 (352) 429-2093

Date

Daytime Phone #

CR2E034 (11/98)