

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G19781

**Entity Name:** JOHNSON FOOD SERVICES, INC.

**Current Principal Place of Business:**

704 E MYERS BLVD  
MASCOTTE, FL 34753

**FILED**  
**Apr 05, 2015**  
**Secretary of State**  
**CC3150670339**

**Current Mailing Address:**

704 E MYERS BLVD  
MASCOTTE, FL 34753 US

**FEI Number: 59-2887811**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOHNSON, STEVEN E.  
704 E MYERS BLVD  
MASCOTTE, FL 34753 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSTD  
Name JOHNSON, STEVEN E.  
Address 2651 EMPIRE CHURCH RD  
City-State-Zip: GROVELAND FL

Title VPD  
Name JOHNSON, LINDA  
Address 2651 EMPIRE CHURCH RD  
City-State-Zip: GROVELAND FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN E. JOHNSON**

**PRESIDENT**

**04/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date