

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022801

Entity Name: JOY FOOD STORES, INC.**Current Principal Place of Business:**205 S HOOVER
SUITE 400
TAMPA, FL 33637**Current Mailing Address:**205 S HOOVER
SUITE 400
TAMPA, FL 33637**FEI Number:** 59-3172662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, J S
205 S HOOVER
SUITE 400
TAMPA, FL 33609 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	DPT
Name	CARTER, SHIRLEY A
Address	205 S HOOVER SUITE 400
City-State-Zip:	TAMPA FL 33609

Title	D
Name	FARMER, JAMES D
Address	205 S HOOVER BLVD., STE 401
City-State-Zip:	TAMPA FL 33609

Title	VP, DIRECTOR
Name	THATCHER, JONATHAN
Address	205 S HOOVER SUITE 400
City-State-Zip:	TAMPA FL 33637

Title	DVS
Name	THATCHER, CAROLYN
Address	205 S HOOVER SUITE 400
City-State-Zip:	TAMPA FL 33609

Title	VP, DIRECTOR
Name	THATCHER, ALLISON
Address	205 S HOOVER SUITE 400
City-State-Zip:	TAMPA FL 33637

Title	VP, DIRECTOR
Name	ANGLIN, KIMBERLY
Address	205 S HOOVER SUITE 400
City-State-Zip:	TAMPA FL 33637

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: SHIRLEY CARTER**PRESIDENT****02/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date