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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

350063

(4)

JIM'S FOODS, INC.

11.-100

FILED

Jan 23 1998 8:00am

Secretary of State

	OODS, INC.						
Principal Plac	ce of Business	Mailing Address					
' '		P O BOX 1002					
1110 N HWY 41 INVERNESS FL 34450		MT DORA FL 32756-1002					
US		US			DO NOT WRITE IN THIS	3 SPACE	
					3. Date Incorporated or Qualified		
2. Principal P	Place of Business	2a. Mailing Address			07/29/1969 4. FEI Number		plied For
21		26			59-1271217		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	· : . :
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	e .	City & State			6. Election Campaign Financing	\$5.00	
23 Zip	Country	28	0		Trust Fund Contribution	Added t	
2(p	Country 25	<u>├</u> ──¬ `	Countr	<i>f</i>	8. This corporation owes or has paid the c		angible] No
24	9. Name and Address of Curr	29 ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registerer		טאו ב
HO	UCK, BETTE C		81	Name		-	
	605 HAMMOND LANE		82	Chront Adel	(D.O. Day Number in Net Associable)		
EUSTIS FL 32736			62	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		. 85 Zip C	^odo
				1	F		
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Sla im familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Fig.	es, the abov authorized b orida Statute	e-named corp y the corporal s.	poration submits this statement for the purpose tion's board of directors. I heroby accept the ap	of changing its pointment as	s registered registered
SIGNATURE	Signature, typod or printed name of registered a	igent and title if applicable (NOTI	F Registered Ag	ent aignature requi	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	OP	☐ DELETE	1,1 TITLE			Change	☐ Addition
NAME	HOUCK, JAMES H 34505 HAMMOND LANE		1.2 NAME				
STREET ADDRESS	EUSTIS FL 32736		1.3 STREE				
CITY-ST-ZIP TITLE	ST	DELETE	1.4 CITY-5 2.1 TITLE	i I - ZIP		Change	Addition
NAME	HOUCK, BETTE C		2.2 NAME	Ì		Onlinge	/lackloss
STREET ADDRESS	34505 HAMMOND LANE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	EUSTIS FL 32736		2. 4 CITY-				
TITLE	O .	DELETE	3.1 TITLE		-	☐ Change	Addition
NAME	HOUCK, JAMES D		32 NAME				
STREET ADDRESS	10700 VERMONT		3.3 STREET	ADDRESS			
CITY-ST-ZIP	DELAND FL 32720		3.4. CITY -	ST - Z(P			
TITLE	D HOUGH THOMAS O	☐ DELETE	4.1 TITLE			Change	Addition
NAME ATRICT ADDRESS	HOUCK, THOMAS C 1110 N HWY 41		4. 2 NAME				
STREET ADDRESS	INVERNESS FL 32651		4.3 STREET				
CITY-ST-ZIP TITLE	n	DELETE	4.4 CITY - S 5.1 TITLE	1-714		Change	Addition
NAME	HOUCK, JOHN W	_ Precis	5.2 NAME			ு வளம	
STREET ADDRESS	545 BELMONT-2W		5.3 STREET	ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60657		5.4 CITY- S				
TITLE		DELETE	61 TITLE			Change	Addition
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
 I hereby of indicated 	certify that the information supplied on this annual report or supplement	with this filing does not qualify fo	r the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further one shall have the same legal effect as if made u	ertify that the i	information
officer or o	director of the corporation or the re- or Block 13 if changed or on an att	ceiver or trustee empowered to e	execute this	report as requ	uired by Chapler 607, Florida Statutes; and that	my name app	ears in