

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90056 033 ***150.00

DOCUMENT # 464127

1. Corporation Name
JENCO FOODS, INC.

Principal Place of Business
1600 S. STATE RD. #7
FT. LAUDERDALE FL 33317

Mailing Address
1600 S. STATE RD. #7
FT. LAUDERDALE FL 33317



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1974

4. FEI Number

59-1576550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIGGS, CHRISTOPHER N
2825 SW 117TH AVENUE
DAVIE FL 33330

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE

NAME BIGGS, CHRISTOPHER N.

STREET ADDRESS 2825 S.W. 117TH AVE

CITY-ST-ZIP DAVIE FL

TITLE VD ☐ DELETE

NAME BEVERLY. F. BIGGS

STREET ADDRESS 2825 S.W. 117TH AVE.

CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE

NAME CHRISTOPHER, BIGGS F.

STREET ADDRESS 2825 S.W. 117TH AVE.

CITY-ST-ZIP DAVIE FL

TITLE S ☐ DELETE

NAME HANSEN, SUE ANN (ASST.)

STREET ADDRESS 1050 SW 52 AVE

CITY-ST-ZIP PLANTATION FL

TITLE VD ☐ DELETE

NAME STEVENS, JEFFERY

STREET ADDRESS 1151 SCARBOROUGH AVE

CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE

NAME COURTNEY, J. BIGGS

STREET ADDRESS 2825 SW 117TH AVENUE

CITY-ST-ZIP DAVIE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Sue Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

954-584-3378

Daytime Phone #

CR2E034 (11/98)

0575282