FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 531148 (5)

1. Corporation Name

JIM'S FRIED CHICKEN, INC.

Principal Place of Business	Mailing Address
6455 BAHAIA RD. GREEN COVE SPGS. FL 32043	6455 BAHAIA RD. GREEN COVE SPGS. FL 32043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1977
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21: 1518 Gary St
22: Suite, Apt. #, etc.:
23: City & State: Jax Fl
24: Zip: 32207
25: Country: USA

2a. Mailing Address
26: 1518 Gary St
27: Suite, Apt. #, etc.:
28: City & State: Jax Fl
29: Zip: 32207
30: Country: Duval

4. FEI Number: 59-1739032 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☑ No

9. Name and Address of Current Registered Agent

MARSANE F. DIXON
6455 BAHAIA RD.
JACKSONVILLE FL 32258

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: 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, JAMES E.	1.2 NAME	
STREET ADDRESS	6455 BAHAIA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, EVELYN F.	2.2 NAME	
STREET ADDRESS	6455 BAHAIA RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, MARSANE F.	3.2 NAME	
STREET ADDRESS	12735 AGATITE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DIXON, EVELYN F.	4.2 NAME	
STREET ADDRESS	6455 BAHAIA RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James F. Dixon 1-14-95 904 348 0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401010 FP