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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 531148 (5)

1. Corporation Name

JIM'S FRIED CHICKEN, INC.

Principal Place of Business

1518 GARY ST
JACKSONVILLE FL 32207
US

Mailing Address

1518 GARY ST
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1977

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1518 Gary St

Suite, Apt. #, etc.

22 City & State

23 Jax FL

24 Zip

25 Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Same

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MARSANE F. DIXON
6455 BAHIA RD.
JACKSONVILLE FL 32043

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

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

TITLE PD ☐ DELETE

NAME DIXON, JAMES E.
STREET ADDRESS 6455 BAHIA RD.
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE VD ☐ DELETE

NAME DIXON, EVELYN F.
STREET ADDRESS 6455 BAHIA RD.
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE SD ☐ DELETE

NAME DIXON, MARSANE F.
STREET ADDRESS 12735 AGATITE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME DIXON, EVELYN F.
STREET ADDRESS 6455 BAHIA RD.
CITY-ST-ZIP GREEN COVE SPGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

1-24-98

904 388 0442

CR2E034 (10/97)