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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 643826

(1)

EJ'S FOOD COMPANY, INC. Principal Place of Business Mailing Address 214 WEST INTENDENCIA STREET 214 WEST INTENDENCIA STREET PENSACOLA FL 32501-5710 PENSACOLA FL 32501 3a. Date of Last Report 3. Date Incorporated or Qualified 10/26/1979 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1944277 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OBERHAUSEN, LAWRENCE W. 811 E. GREGORY STREET 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 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. Lam 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 INOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6)13. DELETE 1.5 TITLE Change Addition TILE PENNIMAN, DAVID E. CR2E034 1.2 NAME NAME 1101 E. LAKEVIEW AVENUE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP 1.4 Cłty-St-ZiP ■ DELETE Change Addition TITLE 2.1 TITLE PENNIMAN, REAGAN C NAME 2.2 NAME 1101 E. LAKEVIEW AVENUE 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition THUE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP C:11 - ST - ZiP DELETE Change __ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAV-E 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CHTY - \$1 - 242 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP DITY-SE-7P

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the comporation 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:

REAGAN C. DENNIMAN 2-4-97

FILED

Feb 12 1997 8:00am

Secretary of State