

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 656816

(6)

1. Corporation Name

RED JAY KITCHENS, INC.



Principal Place of Business

6522 SAN CASA DRIVE
ENGLEWOOD FL 34224-8629

Mailing Address

6522 SAN CASA DRIVE
ENGLEWOOD FL 34224-8629

2. Principal Place of Business

21 State, Apt., etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address

26 State, Apt., etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
03/01/1980

3a. Date of Last Report
04/11/1995

4. FEI Number
59-1987473

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

THOMPSON, JAMES H.
260 W. DEARBORN STREET
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
Joel O. Lederer, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
2733-B Tamiami Trail
83
84 City
Port Charlotte FL 85 Zip Code
33952

11. Pursuant to the provisions of Sections 607.08(1) and 607.15(1) 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, and I, the undersigned, who was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.08(1) and 607.15(1) Florida Statutes.

SIGNATURE

Joel O. Lederer

1/19/96

12. OFFICERS AND DIRECTORS

12.1 NAME PD JONES, REGGIE E.
12.2 STREET ADDRESS 6522 SAN CASA DR.
12.3 CITY, STATE, ZIP ENGLEWOOD FL
12.4 TITLE SD
12.5 NAME JONES, ALICE F.
12.6 STREET ADDRESS 6522 SAN CASA DR.
12.7 CITY, STATE, ZIP ENGLEWOOD FL
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY, STATE, ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, STATE, ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY, STATE, ZIP
12.20 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, STATE, ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, STATE, ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, STATE, ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, STATE, ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, STATE, ZIP
13.21 TITLE ☐ Change ☐ Addition
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13.24 CITY, STATE, ZIP
13.25 TITLE ☐ Change ☐ Addition
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13.81 TITLE ☐ Change ☐ Addition
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13.85 TITLE ☐ Change ☐ Addition
13.86 NAME
13.87 STREET ADDRESS
13.88 CITY, STATE, ZIP
13.89 TITLE ☐ Change ☐ Addition
13.90 NAME
13.91 STREET ADDRESS
13.92 CITY, STATE, ZIP
13.93 TITLE ☐ Change ☐ Addition
13.94 NAME
13.95 STREET ADDRESS
13.96 CITY, STATE, ZIP
13.97 TITLE ☐ Change ☐ Addition
13.98 NAME
13.99 STREET ADDRESS
14.00 CITY, STATE, ZIP
14.01 TITLE ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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:

Reggie E. Jones
Reggie E. Jones

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/96 941-474-8968

CR2E034 (12/95)