

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F01066 (2)

1. Corporation Name

JOHNSON FOOD STORES, INC.



Principal Place of Business

Mailing Address

**5523 CLEVELAND RD.
JACKSONVILLE FL 32209**

**5523 CLEVELAND RD.
JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified

09/19/1980

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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4. FEI Number

59-2049780

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

10. Name and Address of New Registered Agent

**JOHNSON, CHARLES J
5523 CLEVELAND RD.
JACKSONVILLE FL FL 32209**

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 type (Indicate if new or existing officer, agent, and if applicable, if/when applicable)

(If/When Applicable) Registered Agent signature required when first change

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
JOHNSON, CHARLES J
5523 CLEVELAND RD.
JACKSONVILLE FL**

☐ DELETE

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CITY - ST - ZIP

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STREET ADDRESS

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CITY - ST - ZIP

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STREET ADDRESS

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CITY - ST - ZIP

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CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-96

CR2E034 (3/96)