FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004893 1. Corporation Name

JOHANNA FOODS, INC.

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90028 013 ***158.75



Principal Place of Business Mailing Address						1 44111 68111 61841 181	.+0 10102 fl() 1001
JOHANNA FARMS RD PO		PO BOX 272) BOX 272				
FLEMINGTON NJ 08822		FLEMINGTON NJ 08822		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/24/1996		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
·,	ace of business	26			22-2973062		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			•	\$8.75	Additional
22 27		<u> </u>	الوجد المالوا ماميد		5. Certifcate of Status Desired X		Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	<u>, </u>	8. This corporation owes the current ye	ear Intangible	
24	25	29 30	0	•	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	1			
BONACKER & LEIGH				Street ACO	STA_SALES_CO_ ddress (P.O. Box Number is Not Acceptable)	-	
2000 NW 89TH PLACE			82	277	5 N.W. 62nd Street		
' MIAN	II FL 33172		83				
				12 02		85 Zi	p Code
			84		Lauderdale		304
_11. Pursuant	to the provisions of Sections 607.0502	and 607:1508; Florida Statutes	the abov	e-named co	progration submits this statement for the purpo	se of changing	its registered
office or re	egistered agent, or both, in the State on the obligat	st Florida. Such change was autt	noπzed by	/ the corpor:	ation's board of directors. I hereby accept the	appointment as	registereo
_	Ne brill	C.E. Bradley			1/28/9	19	
SIGNATURE	Signature, typed of printed name of registated agent		egistered Age	ent signature requ	2400 W. C.	ATE	=== \
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
TITLE	P	☐ DELETE	1.1 TITLE			Change	e Addition
NAME .	FACCHINA, ROBERT A		1.2 NAME	ŀ			
STREET ADDRESS	5 BLUE BIRD CT		1.3 STREE	T ADDRESS			ł
CITY-ST-ZIP	FLEMINGTON NJ 08822		1.4 CITY-1	ST-ZIP			
TITLE	V	C) DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition
NAME	COOK, RICHARD A		2.2 NAME	}			
STREET ADDRESS	108 HOCKENBURY DR		2.3 STREE	TADDRESS			
CITY-ST-ZIP	GLEN GARDNER NJ 08826	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP	<u> </u>		
TITLE	S	DELETE	3.1 TITLE		·· ·	Chang	e Addition
NAME	YOUNG, GEORGE B		3.2 NAME	ļ			Į.
STREET ADDRESS	3631 OAK LANE		3.3 STREE	TADORESS			ļ
CITY-ST-ZIP	FURLONG PA 18925		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chang	ge Addition
NAME			4. 2 NAME	:			ł
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE.	5.1 TITLE			☐ Chang	e Addition
NAME			5.2 NAME			. • •••	
STREET ADDRESS		•	5.3 STREE	ET ADORESS	•		ĺ
CITY-ST-ŽIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE.	6.1 TITLE			☐ Chang	e Addition
NAME		•	6.2 NAME	1			
STREET ADDRESS			6.3 STREE	ET ADDRESS			ļ
CITY-ST-ZIP			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 an appear of the receiver or trustee empowered.

SIGNATURE: