

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **L83355**

(2)

1. Corporation Name

J.A.K. NUTRITIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

% **ALAN A. KRISTOWSKI**
4110 HOLLOW TRAIL
TAMPA FL 33624

% **ALAN A. KRISTOWSKI**
4110 HOLLOW TRAIL
TAMPA FL 33624-1225



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3034736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

KRISTOWSKI, ALAN A.
4110 HOLLOW TR
TAMPA FL 33624

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

Signatures of officers and directors of corporation (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

D
KRISTOWSKI, ALAN A.
4110 HOLLOW TR
TAMPA FL

12.2 TITLE ☐ DELETE

D
KRISTOWSKI, LINDA L.
4110 HOLLOW TR
TAMPA FL

12.3 TITLE ☐ DELETE

12.4 TITLE ☐ DELETE

12.5 TITLE ☐ DELETE

12.6 TITLE ☐ DELETE

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12.24 TITLE ☐ DELETE

12.25 TITLE ☐ DELETE

12.26 TITLE ☐ DELETE

12.27 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-ST-ZIP ☐ Change ☐ Addition

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY-ST-ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY-ST-ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY-ST-ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY-ST-ZIP ☐ Change ☐ Addition

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME ☐ Change ☐ Addition

13.23 STREET ADDRESS ☐ Change ☐ Addition

13.24 CITY-ST-ZIP ☐ Change ☐ Addition

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME ☐ Change ☐ Addition

13.27 STREET ADDRESS ☐ Change ☐ Addition

13.28 CITY-ST-ZIP ☐ Change ☐ Addition

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME ☐ Change ☐ Addition

13.31 STREET ADDRESS ☐ Change ☐ Addition

13.32 CITY-ST-ZIP ☐ Change ☐ Addition

13.33 TITLE ☐ Change ☐ Addition

13.34 NAME ☐ Change ☐ Addition

14. I do 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: **ALAN A. KRISTOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

Date

813 963 1339

Daytime Phone

CR2E034 (9/96)