

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 # L83355

1. Corporation Name

J.A.K. NUTRITIONAL SERVICES, INC.

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90050 023 ***150.00



Principal Place of Business Note New Mailing Address Note New
% ALAN A. KRISTOWSKI
4110 HOLLOW TRAIL 6116 CHENE CT
TAMPA FL 33624 LUTZ FL. 33549 (4110 HOLLOW TRAIL)
TAMPA FL 33624 Lutz. FL. 33549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 6116 CHENE CT. 26 6116 CHENE CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 LUTZ FL. 28 LUTZ FL.
Zip Country Zip Country
24 33549 25 29 33549 30

3. Date Incorporated or Qualified
06/25/1990
4. FEI Number Applied For
59-3034736 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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRISTOWSKI, ALAN A.
4110 HOLLOW TR
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name KRISTOWSKI, ALAN A.
82 Street Address (P.O. Box Number is Not Acceptable)
6116 CHENE CT
83
84 City LUTZ FL 85 Zip Code 33549

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRISTOWSKI, ALAN A.	
STREET ADDRESS	4110 HOLLOW TR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRISTOWSKI, LINDA L.	
STREET ADDRESS	4110 HOLLOW TR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRISTOWSKI, ALAN A.	
1.3 STREET ADDRESS	6116 CHENE CT	
1.4 CITY-ST-ZIP	LUTZ FL. 33549	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRISTOWSKI, LINDA L.	
2.3 STREET ADDRESS	6116 CHENE CT.	
2.4 CITY-ST-ZIP	LUTZ FL. 33549	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-29-99 813-230-3458

Date

Daytime Phone #

CR2E034 (11/98)