

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N32111 (9)  
1. Corporation Name  
JACKSONVILLE FOOD BROKERS ASSOCIATION, INC.



Principal Place of Business  
6850 BELFORT OAKS DR  
JACKSONVILLE FL 32216  
US

Mailing Address  
6850 BELFORT OAKS PL  
JACKSONVILLE FL 32216  
US

3. Date Incorporated or Qualified  
05/04/1989

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-2957518

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

2. Principal Place of Business  
21 6850 Belfort Oaks Pl  
Suite, Apt. #, etc.  
22

2a. Mailing Address  
26 6850 Belfort Oaks Pl  
Suite, Apt. #, etc.  
27

City & State  
23 Jacksonville, FL  
Zip  
24 32216  
Country  
25 USA

City & State  
28 Jacksonville, FL  
Zip  
29 32216  
Country  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, PAUL F.  
6850 BELFORT OAKS PLACE  
JACKSONVILLE FL 32216

81 Name  
Paul Bradley

82 Street Address (P.O. Box Number is Not Acceptable)  
6850 Belfort Oaks Place

83

84 City  
Jacksonville, FL

85 Zip Code  
32216

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	JACKSON, KATHY	PO BOX 41026 N/A	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VD	GENTRY, TOM	PO BOX 6977 N/A	JACKSONVILLE FL	<input checked="" type="checkbox"/>
SD	BARNES, WILLIAM	3728 PHILLIPS HWY #45	JACKSONVILLE FL	<input checked="" type="checkbox"/>
TD	BRADLEY, PAUL	6850 BELFORT OAKS PLACE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PP	TOM Gentry	P.O. BOX 6977 N/A	JACKSONVILLE, FL 32236	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	PAUL BRADLEY	6850 BELFORT OAKS PLACE	JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	JEFF CHADWICK	P.O. BOX 41026 N/A	JACKSONVILLE, FL 32203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	DERRYL STRICKLAND	P.O. 37029 N/A	JACKSONVILLE, FL 32236	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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14. I do hereby 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul F. Bradley

3/8/96

904 281 9800

Daytime Phone

CR2E037 (12/95)