

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT #P03000092091

1. Entity Name
JTL FOOD STORES, INC.



Principal Place of Business
928 NORTH FERDON BLVD.
CRESTVIEW, FL 32536 US

Mailing Address
POST OFFICE BOX 39
CRESTVIEW, FL 32536 US



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3687575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TWITTY, RICHARD A
928 NORTH FERDON BLVD.
CRESTVIEW, FL 32536

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

U00000091P458

05/07/08-80041-014 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C. S
NAME	JONES, GARY C
STREET ADDRESS	2541 FEROL LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	P
NAME	TWITTY, RICHARD A
STREET ADDRESS	8540 T E ROGERS ROAD
CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	VP
NAME	LALOR, THOMAS M
STREET ADDRESS	23 MARINER DRIVE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

3/3/08

Date

750-682-8337

Daytime Phone