FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:23

DOCUMENT # **P93000073187 (5)**

1. Corporation Name
PB&J'S USA, INC.

Principal Place of Business
~~877 EXECUTIVE CENTER DR W~~
~~SUITE 303~~
~~ST PETERSBURG FL 33702~~

Mailing Address
~~877 EXECUTIVE CENTER DR W~~
~~SUITE 303~~
~~ST PETERSBURG FL 33702~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 901 Hammock Pines Blvd.
Suite, Apt. #, etc.
22
City & State
23 Clearwater,Florida
Zip 24 34621
Country 25 US

2a. Mailing Address
26 901 Hammock Pines Blvd.
Suite, Apt. #, etc.
27
City & State
28 Clearwater,Florida
Zip 29 34621
Country 30 US

4. FEI Number: 59-3206721 — 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

9. Name and Address of Current Registered Agent
~~MASCARA, ERNEST L~~
~~877 EXECUTIVE CENTER DR W~~
~~SUITE 303~~
~~ST PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent
81 Name: JOHN CHIGOS
82 Street Address (P.O. Box Number is Not Acceptable): 901 HAMMOCK PINES BOULEVARD
83
84 City: CLEARWATER — 85 FL — Zip Code: 34621

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: JOHN CHIGOS 2/16/95
Signature, typed or printed name of registered agent and date
NOTE: Rubber stamped signature (typed) will not be accepted
(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIGOS, JOHN
STREET ADDRESS	~~13000 SHERIDAN DR~~
CITY ST ZIP	~~HUDSON FL~~
TITLE	EVT
NAME	~~HERN, ALEX~~
STREET ADDRESS	~~440 GULFVIEW BLVD~~
CITY ST ZIP	~~CLEARWATER FL~~
TITLE	V
NAME	CLARKE, JOSEPH
STREET ADDRESS	1016 WYNDHAM WAY
CITY ST ZIP	SAFETY HARBOR FL
TITLE	EVS
NAME	MATTHEWS, SAM
STREET ADDRESS	901 HANNOCK PINE BLVD
CITY ST ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P	☒ Change ☐ Addition
1 2 NAME	CHIGOS,JOHN	
1 3 STREET ADDRESS	901 HAMMOCK PINES BOULEVARD	
1 4 CITY ST ZIP	CLEARWATER,FLORIDA 34621	
2 1 TITLE	EVT	☒ Change ☐ Addition
2 2 NAME	HERN,ALEX	
2 3 STREET ADDRESS	1102 BAYSHORE BOULEVARD	
2 4 CITY ST ZIP	SAFETY HARBOR,FLORIDA 34695	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

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)(bb), 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 any alteration.

SIGNATURE: JOHN CHIGOS 2/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
(DATE)

0310455 CP