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 # P93000073192 (5)

1. Corporation Name
PB&J'S FOOD SYSTEMS, INC.

Principal Place of Business
~~077 EXECUTIVE CENTER DR W~~
~~ST PETERSBURG FL 00702~~

Mailing Address
~~077 EXECUTIVE CENTER DR W~~
~~ST PETERSBURG FL 00702~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3206723 — 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	2a. Mailing Address
21 JOHN CHIGOS	26 JOHN CHIGOS
Suite, Apt. #, etc.: 22 901 HAMMOCK PINES BLVD.	Suite, Apt. #, etc.: 27 901 HAMMOCK PINES BLVD.
City & State: 23 CLEARWATER,FLORIDA	City & State: 28 CLEARWATER,FLORIDA
Zip: 24 34621 — Country: 25 US	Zip: 29 34621 — Country: 30 US

9. Name and Address of Current Registered Agent

~~MASCARA, ERNEST L~~
~~077 EXECUTIVE CENTER DR W~~
~~SUITE 303~~
~~ST PETERSBURG FL 00702~~

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 FL 85 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 title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIGOS, JOHN
STREET ADDRESS	~~13000 SHERIDAN DR.~~
CITY-ST-ZIP	~~HUDSON FL 34667~~
TITLE	VT
NAME	HERN, ALEX
STREET ADDRESS	~~440 GULFVIEW BLVD.~~
CITY-ST-ZIP	~~CLEARWATER BEACH FL 34630~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	[X] 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	VT	[X] 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)(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: JOHN CHIGOS 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0310448 CP