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 MAR 27 AM 10:29

DOCUMENT # P94000027844 (7)

1. Corporation Name

J'S COUNTRY KITCHEN, INC.

Principal Place of Business
250 BUCKINGHAM DRIVE
LECANTO FL 34461

Mailing Address
250 BUCKINGHAM DRIVE
LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1994
3a. Date of Last Report:

4. FEI Number: 59-3233850 ☐ 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)	250 E. Buckingham Drive
Suite, Apt #, etc. (22)	
City & State (23)	Lecanto, FL.
Zip (24)	34461
Country (25)	USA
2a. Mailing Address (26)	250 E Buckingham Drive
Suite, Apt #, etc. (27)	
City & State (28)	Lecanto, FL.
Zip (29)	34461
Country (30)	USA

9. Name and Address of Current Registered Agent

ARMSTRONG, JACK D JR.
250 BUCKINGHAM DRIVE
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name: Armstrong, Jack D. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 250 E Buckingham Drive.
83
84 City: Lecanto, FL 85 Zip Code: 34461

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: [signatures] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARMSTRONG, JACK D JR.
STREET ADDRESS	250 E. BUCKINGHAM DRIVE
CITY ST ZIP	LECANTO FL 34461
TITLE	D
NAME	ARMSTRONG, JO-ANNE S
STREET ADDRESS	250 E. BUCKINGHAM DRIVE
CITY ST ZIP	LECANTO FL 34461
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
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: [signatures]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jack D. Armstrong Jr. Jo Anne S. Armstrong

0352605 CP