FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P9400027844

J'S COUNTRY KITCHEN, INC.

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CHY-ST-ZIP

BILE

NAME

Principal Place of Business Mailing Address 250 E BUCKINGHAM DRIVE 2713 ANTIOCK LN **LECANTO FL 34461** LECANTO FL 34461-8777 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1996 04/05/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3233850 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 这 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔏 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ARMSTRONG, JACK D JR. 61 Name 2713 ANTIOCK LANE 62 Street Address (P.O. Box Number is Not Acceptable) **LECANTO FL 34461** 83 Zip Code 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 Signature, typed or pricted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE 11 TITLE Change Addition ARMSTRONG, JACK D JR. NAME 1.2 NAME 2713 ANTIOCK LN STREET ADDRESS 1.3 STREET ADDRESS LECANTO FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE THE 2 1 IIII F Change Addition ARMSTRONG, JO-ANNE S NAME 2.2 NAME 2713 ANTIOCK LN STREET ADDRESS 2.3 STREET ADDRESS LECANTO FL 2. 4 CITY - ST-ZIP CRY-ST-ZiP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change 5.1 THILE Addition NAME 5.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

SIGNATURE:

1-16-97

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-2IP

6.1 TITLE

6.2 NAME