FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT "CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCU 1. Corporation	IMENT # P95	00005654	47 (9)			
J&	I FOOD SERVICE, INC.					
)	Hali Bodila Bodila Bohin Bohin Buark bi ber endel ende
Principal Plac	e of Business	Mailing Addre				
Trialing Authors						ace a nice nater arten atefft Britt Biffil fåft fåll
2440 PINE TREE ACRES LANE 2440 PINE TREE ACRE DELTONA FL 32738 DELTONA FL 32738						
					3. Date Incorporated or Qualified	
					07/20/1995	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 2b. 2c. Mailing Address 2c. 2c. Mailing Address 2c.			dress		4. FEI Number	Applied For
			# olo		59-3325775	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			#, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State Cit			State		6. Election Campaign Financing	Fee Required
23 Zip		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
24	<u> </u>		Cour	ntry	8. This corporation has liability for intangible tax under s. 199.032,	
	9. Name and Address of Cui	29 rrent Registered Agen	30 S	·····	Florida Statutes Yes 10. Name and Address of New Ro	
			· · · · · · · · · · · · · · · · · · ·	81 Name	IV. Name and Address of New Ho	egistered Agent
KURT R. BORGLUM, P.A. 366 E. GRAVES AVENUE				82 Street Add	dress (P.O. Box Number is Not Acceptable	
					uress (F.O. BOX Northberts Not Acceptable	э)
UKAN	IGE CITY FL 32763			B3		
			ļ	B4 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607,1508. Hori	da Statutes, the abov	e named corec	pration submits this statement for the purp	FL '
or register familiar wit	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was lection 607,0505. Florida	s authorized by the co	prporation's boa	pration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE			ciditios.			
12.	Signature typed or printed name of registered a	gent and title if applicable. AND DIRECTORS		gent signature require		DATE
TITLE	D DELETE		13. Lete 1.1 titi		ADDITIONS/CHANGES TO OFFIC	
NAME	SALVIA, JOSEPH D		1.2 NAN			☐ Change ☐ Addition ☐
STREET ADDRESS	THE PROPERTY OF THE		1.3 STREET ADDRESS			[
CITY-S1-ZIP	DELTONA FL 32738			-ST-ZIP	<u> </u>	
TITLE Name	D CALLDA ICADE	□ DE	LETE 2 1 THIL	E		☐ Change ☐ Addition C
STREET ADDRESS	JANUARY INVESTIGATION OF THE PROPERTY OF THE P			E.		_
CITY-ST-ZIP	ALEX MARKS for a series			ET ADDRESS		İ
TITLE		DEI		- ST-ZIP E		C) Chaspa C 4.12
NAME		-	32 NAM			Change Addition
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE			3 4 CITY	- ST - ZIP		
NAME		☐ DEI				Change Addition
STREET ADDRESS			4.2 NAM			
CITY-ST-ZIP				ET ADDRESS		
TITLE		[] DEL	#4.4 CHY ETE 5.1 THE		90000182	1010kBge Addition .
NAME			5.2 NAM		90000182 -05/14/960102	22047 Addition /
STREET ADDRESS			5.3 STRE	ET ADDRESS	***200,00	/k
CITY-ST-ZIP TITLE		F-1	54 CITY			~ \c
NAME		DEL				☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	[1/2
CITY-ST-ZIP			6.3 STREI 6.4 CITY	El Address		וץ
14 I do bereby	certify that the information pupplic	all coulds, all the all the streets	D4 0111	91-25		

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)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFI

SIGNATURE: