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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078414 (6)

JOHN'S FOOD & DELI CORPORATION

Principal Place of Business

Mailing Address

FILED Jun 01 1998 8:00am Secretary of State



1542 NORTH EAST 23RD BOULEVARD GAINESVILLE FL 32609			1542 NORTH EAST 23RD BOULEVARD GAINESVILLE FL 32609			
Grane Stille TC SEGS		CHINESVILLE PC 32009		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					10/12/1995	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-3339190	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	II		J. Common of Change Doorloo	Fee Required
City & State		City & Stato	r· -ı		6. Election Campaign Financing	\$5.00 May Be
23	 	28	T - 2		Trust Fund Contribution	Added to Fees
Z ip	Country	₁ Z _{(P}	Country		8. This corporation owes or has paid the	
24	25	29	ant 30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9, Name and Address of Current Registered Agent				81 Name		
ROKH, JAMSHID 1542 NO RTH EAST 23RD AVENUE			Ľ	Marrio		
GAINESVILLE FL 32609			82	Streel Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above	e-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the	se of changing its registered
agent. I an	n familiar with and accept the ob	igations of, Section 607.0505, El	lorida Statutes	6.	anon's board of directors. Thereby accept the	appointment as registered
SIGNATURE 3	Signature, typied or printed harm of registerests	a sent and this if some above.	II Registered Ana	not signature reg	julied when reinstating) OA'	TF.
12.	and the second s	ND DIRECTORS	13.	ar. signature req	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PT	DELETE	1.1 TITLE			Change Addition
NAME	marin research		1.2 NAME			- "
STREET ADDRESS 1542 NORTH EAST 23RD BOULEVARD		BOULEVARD	1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY - ST - ZIP			
TITLE	VPS	DELETE	2.1 TITLE			Change Addition
NAME	KAZEMI, ALLEN 22N		2.2 NAME			
STREET ADDRESS	ADDRESS 2735 ST. AUGUSTINE TRAIL		2.3 STREET AUDRESS			
CITY-ST-ZIP	MARIETTA GA 30067		2. 4 CiTY - S	ST-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME	326		3 2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-\$T-ZIP			3 4. CITY - 5	ST - ZIP		
TITLE	DELETE 4.11		4.1 TITLE			Change Addition
NAME			4 2 NAMÉ			
STREET ADDRESS			4.3 \$1REFT	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITL€			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	1 - ZIP		

14. Thereby certify that the information supplied with this filling 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 suppliencental 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 cocyver or trustee employered 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 you supplied with this filling does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information of the receiver or trustee employers.