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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000048517

1. Corporation Name

JONI'S FOODS, INC.

## **FILED** Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90023 047 \*\*\*150.00



Principal Flace of Business	Mailing Address						
3860 W UNIVERSITY BLVD	2383 COVINGTON CREEK	CIR E					
JACKSONV'LLE FL 32217 JACKSONVILLE FL 32224					DO NOT WRITE IN THIS SPACE		
03					3. Date Incorporated or Qualifed	<del></del>	
					06/03/1996		
2. Principal Place of Business	2a. Mailing Address	<del></del>			4. FEI Number		Applied For
21	26 3860 W. L	Lnive	rst	tv Blv	d. 59-3386139	_	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			7 -	5. Certificate of Status Desired	•	A ditional
22	27				5. Certificate of Statos Dealed	Fee	Required
City & State	City & State	. 11 -		7	6. Election Campaign Financing	•	0 May Be
23	28 Jackson			<u></u>	Trust F und Contribution		d tc Fees
Zip Cour try	Zip 27217		intry US	4	8. This corporation owes the current year in	tangible Yes	I]No
9. Name and Address of Current	29 522 1	30	72	<del>/+</del>	Persor al Property Tax.  10. Name and Address of New Registered		12/40
9. Name and Address of Current	Kegisteren Agent		81	Name	10. Name and Address of New Address	/ iguil	
BUTCHER, JOAN I							
2383 COVINGTON CREEK CIR E			82	Street Acdr	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32224			83				
			84	City	FI	85 Zig	Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1509. Elected Statu	oc the o	bovo (	named ca Tu		-	ts registered
office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation	Florida Such change was a	HIDORIZAC	יו איט ווי	ne corporation	on's board of directors. I hereby accept the appo	intment as	registered
	ans or, section 607.0000, Fit	nua Stati	utes.				1
SIGNATUR = Signature, typed or printed har ie of registered agent	ind title if applicable. (NOTE	Registered	Agent s	signature required	d when reinstating) DATE		
12. OFFICERS AND		13.			ADDITIC NS/CHANGES TO OFFICERS /		
TITLE OP	☐ DELETE	1.1 TI				☐ Chang	e Addition
NAME BUTCHER, JOAN I	_	1.2 N	AME				i
STREET ADDRES S 2383 COVINGTON CREEK CIR	<u> </u>	1.3 S1	FREET A	ADDRESS			
CITY-ST-ZIP JACKSONVILLE FL 32224							1
			TY-ST-Z	ZIP		√ Chonn	o
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NAME BUTCHER, NICHOLAS A	_	2.1 TJ 2.2 NJ	TLE AME			Chang	e Addition
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14. I hereby certify that the information supplied with this filing 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 arrural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arr an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)