

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075283 (7)

1. Corporation Name

J & A FOOD DISTRIBUTORS, INC.

Principal Place of Business 4424 GULF CIRCLE NORTH FORT MYERS FL 33903	Mailing Address 4424 GULF CIRCLE NORTH FORT MYERS FL 33903-5045
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2. Principal Place of Business 21 1606 Ferris Ave. Suite, Apt. #, etc. 22 Orlando, Florida City & State 23 Orlando, Florida Zip Country 24 32803 25 USA		2a. Mailing Address 26 1606 Ferris Ave Suite, Apt. #, etc. 27 City & State 28 Orlando, Florida Zip Country 29 32803 30 USA		3. Date Incorporated or Qualified 09/10/1996	3a. Date of Last Report
				4. FEI Number Pending	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	BACON, R J	1.2 NAME	BACON, R J
STREET ADDRESS	4424 GULF CIRCLE	1.3 STREET ADDRESS	1606 Ferris Ave.
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	1.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	D	2.1 TITLE	
NAME	BACON, KURT A	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 525	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTVILLE IN 46391	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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), 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, unchanged, or on an attachment with an address.

SIGNATURE:

R. J. Bacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 April 1997 800-926-5252
Date Daytime Phone #

CR2E034 (9/96)