

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

CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
STATE OF FLORIDA

APPROVED AND FILED

Handwritten: 06/25/95 9:47

DOCUMENT # 348451

(6)

FLORIDA RIDGE UTILITIES CORP.

Handwritten: 06/25/95 9:47
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2300 ECON CIR
ORLANDO FL 32817
US

PO BOX 677639
ORLANDO FL 32867
US

2	2a	3	3a
21	26	4	4a
22	27	5	5a
23	28	6	6a
24	29	7	7a
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ARTHUR J.
2300 ECON CIRCLE
ORLANDO FL 32817

81	Name:
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City, State

FL 85

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as required by the laws of 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 the above named Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY
OFFICER	NAME	STREET ADDRESS	CITY
OFFICER	NAME	STREET ADDRESS	CITY
OFFICER	NAME	STREET ADDRESS	CITY
OFFICER	NAME	STREET ADDRESS	CITY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	Change	Addition
OFFICER	NAME	STREET ADDRESS	CITY	Change	Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 220.01, Florida Statutes. I further certify that the information included 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 this corporation or the treasurer or trustee empowered to execute this report as required by Chapter 220, Florida Statutes, and that my name appears on the list of the officers, directors, or trustees of this corporation with an address.

SIGNATURE:

JAMES WALL 4/27/95 505-892-9200

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **350063** (4)

JIM'S FOODS, INC.

MAY 11 1995 8:37

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address	
1110 N HWY 41 P O BOX 1801 INVERNESS FL 32651		1110 N HWY 41 P O BOX 1801 INVERNESS FL 32651	
21	22	26	27
2. Principal Place of Business		2a. Mailing Address	
State: Apt. # etc.		State: Apt. # etc.	
City & State		City & State	
24	25	29	30

3. Date Incorporated or Regulated	3b. Date of Last Report
07/29/1969	03/03/1994
4. FEI Number	Applied For Not Applicable
59-1271217	
5. Certificate of Status Fee	\$8.75 Additional Fee Required
6. Executive Campaign Finance or Trust Fund Contributions	\$5.00 May Be Added to Fees
7. This corporation has complied with the provisions of the Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOUCK, BETTE C 1110 N HWY 41 INVERNESS FL 32650		B1 Name	
		B2 Street Address (P.O. Box Number, Apt. #, etc.)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits this statement to the jurisdiction of this properly registered office as registered agent on both in the State of Florida. Such change was authorized by the corporation's Board of Directors, thereby a validly appointed and registered agent. Learn more about the obligations of agents at www.flsos.com.

SIGNATURE: *B.C. Houck* 1/20/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION FOR OFFICERS AND DIRECTORS																																																																												
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SIGNATURE: *B.C. Houck* 1/20/95 (904) 726-7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B.C. HOUCK