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

Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 240765

GOLDEN RULE GROCERY, INC.

. (8

## FILED Apr 09 1997 8:00am Secretary of State

	. Hak elek 1811	TO THE SHAPE OF STATE	

Principal Place of Business  17505 SOUTH FEDERAL HIGHWAY PERRINE FL 33157		Mailing Address 17505 SOUTH FEDERAL HIGHWAY PERRINE FL 33157-5435								
							3. Date Incorporated or Qualified 10/01/1960		e of Last F 8/1996	leport
2. Principal F	lace of Business	2a. Mailir	ig Address				4. FEI Number	4	A	pplied For
21		26			59-0936686		N	ot Applicable		
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.			E. Contillants of Otation Desired		\$8.75	Additional	
22		27			5. Certificate of Status Desired Fee Required					
City & Stat	C)	City &	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zo	Country	Zip		Cou	intry		8. This corporation has liability for it	ntangible ta	ax under s	. 199.032,
24	25	29		30				Yes 🔲		
	9, Name and Address of Curre	nt Registered	Agent		ļ.,		10. Name and Address of New Re	gistered A	gent	
MU	llins,william B				81	Name				
180	45 SW 77TH AVE.	•			82	Street Ac	Idress (P.O. Box Number is Not Acceptab	le)		
	RRINE FL 33157				"	Oli CCL / CC	idieds (1.0. box Hamber is Hot Noodplate	,		
1					83					
									Ta=1 700	
					84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8. Florida Statu	ites, the a	boye	-named co	orporation submits this statement for the p	urpose of c	hanging i	its registered
office or	registered agent, or both, in the Stati	e of Florida, Su	ch change was	authorize	d by	the corpo	ration's board of directors. I hereby accept	t the appoi	intment as	registered
agent ra	im tamiliar with, and accept the oblig	jations of, Sect	1011 607.0305, F	ionua Sta	Utes	i.				
SIGNATURE.	Signature, typind or per teorian eralt registered ag	unt and the Larner	alsto (NC	TF: Renistare	d Ane	nl signature rei	quired when reinstating)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PVD		DELETE	1.1 T	TLE				Change	Addition
NAM	MULLINS, WILLIAM BEN			12 N				_		
STREET ADDRESS	18045 S.W. 77TH AVE.					ADDRESS				
	PERRINE FL					- 1				
CITY - ST - ZiP	TO		DELETE	211	IIY-S	1-211		·T	Change	Addition
NAME	MULLINS, MARGARET LAVERI	NE	C) beerie	22 N						
'	18045 S.W. 77TH AVE.	<b>7</b>				*000000				
STREET ADDRESS	PERRINE FL					ADDRESS				
City - St - ZiP	FEMALIE FL		DELETE	2.40 31T		T-ZIP		<u>-</u>	Change	Addition
107.6			L. J DELLET					L.	Unanyc	
NAM				3.2 N						
STREET ADDRESS						ADDRESS				
City-St 7th	4		Decree		_	iT-ZIP		<del></del>	100	T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
THLE			DELETE	4.1 7		1		ι	Change	☐ Addition
NAME:				4, 21						
STREET ADDRESS	<i>:</i>			4.3 S	TREET	ADDRESS				
C·TY - ST - ZiP				4.4 0	ITY-S	T-ZIP			<del></del>	
1011.6			☐ DELETE	5.17	TLE			L	Change	Addition
NAME				5.2 N	AMF					
STREET ADDRESS				5.3 \$	TREET	ADDRESS .				
City-S7 ZIP				5.4 0	ITY-S	T-21P				
TITLE			☐ DELETE	6.1 T	ITLE		·····		Change	Addition Addition
NAME	:			6.2 N	AME					
STREET LACTORESS				6.3 S	TAEET	ADDRESS				
Crt Y - ST - ZIP						1- <b>Z</b> IP				

14. Lob 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 if changed, or on an attachment with an address.

William Ben Mullins

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

4/0**1**/97

(305) 235-0661