2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # 251203 02-14-2000 90168 041 ***150.00 JUNIOR FOOD STORES OF WEST FLORIDA, INC. Principal Place of Business Mailing Address 619 EIGHTH AVE 619 EIGHTH AVE N002031a PO BOX 847 PO BOX 847 CRESTVIEW FL 32536-0847 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0980071 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete Secretary TITLE He.l.d-man, Paul NAME NAME DILLON, DAVID STREET ADDRESS 1014 Vine Street STREET ADDRESS 700 E 30 Cincinnati, OH 45202-1102 CITY-ST-ZIP CITY-ST-ZIP **HUTCHINSON KS** ☐ Change Addition TITLE ☐ Delete TITLE SALISBURY, MARK W NAME NAME STREET ADDRESS STREET ADDRESS 17 WARBLER WAY CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL TITLE ☐ Addition Change TITLE ☐ Delete NAME DAIGLE, DAVID M STREET ADDRESS STREET ADDRESS 3494 BUCKHORN DRIVE CITY-ST-ZIF CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Change ☐ Addition ☐ Delete D TITLE REMAR, FRANK NAME STREET ADDRESS STREET ADDRESS 700 E 30 CITY-ST-ZIP CITY-ST-ZIP **HUTCHINSON KS** ☐ Delete ☐ Change Addition TITLE TIT1 F BRYANT, WARREN F. NAME STREET ADDRESS STREET ADDRESS 700 EAST 30TH CITY-ST-ZIP CITY-ST-ZIP **HUTCHINSON KS** Change Addition Addition ☐ Delete TITLE NAME NAME VARBONCOEUR, MELINDA STREET ADDRESS STREET ADDRESS 127 WINCHESTER WAY CITY-ST-ZIP CITY-ST-7IP CRESTVIEW FL 32539

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MUNICIPAL OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

2/1/00

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FILED

Daytime Phone #