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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **276772** **(1)**

1. Corporation Name
TOM THUMB FOOD STORES, INC.

Principal Place of Business	Mailing Address
P.O.BOX 1417 97 W OKEECHOBEE ROAD HIALEAH FL 33011	P.O.BOX 1417 97 W OKEECHOBEE ROAD HIALEAH FL 33010-4721

3. Date Incorporated or Qualified: 12/23/1963
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21 97 WEST OKEECHOBEE ROAD
Suite, Apt. #, etc. 22
City & State 23 HIALEAH, FLORIDA
Zip 24 33010 Country 25 U.S.A.

2a. Mailing Address
26 97 WEST OKEECHOBEE ROAD
Suite, Apt. #, etc. 27
City & State 28 HIALEAH, FLORIDA
Zip 29 33010 Country 30 U.S.A.

4. FEI Number: 59-1034928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCARTHY, JAMES A., JR.
97 W. OKEECHOBEE ROAD
HIALEAH FL 33010

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT,TREASURER,DIRECTOR	☐ Change ☐ Addition
NAME	MCCARTHY, JAMES A JR		1.2 NAME	JAMES A. McCARTHY, JR.	
STREET ADDRESS	13004 SAN JOSE STREET		1.3 STREET ADDRESS	13004 SAN JOSE STREET	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33156	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, SANDRA		2.2 NAME		
STREET ADDRESS	13004 SAN JOSE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	BENNION, THOMAS O.		3.2 NAME	THOMAS O. BENNION	
STREET ADDRESS	100 WILD FERN DRIVE		3.3 STREET ADDRESS	100 WILD FERN DRIVE	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LONGWOOD, FLORIDA	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEZYK, CHARLENE		4.2 NAME		
STREET ADDRESS	13321 SW 16 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: James A McCarthy JR **REQUIRED** 2/17/97 305-885-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #