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Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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
97 WEST OKEECHOBEE RD. 97 W OKEECHOBEE ROAD HIALEAH FL 33010 US	97 WEST OKEECHOBEE RD. 97 W OKEECHOBEE ROAD HIALEAH FL 33010 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/23/1963	
21	26	4. FEI Number: 59-1034928	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCARTHY, JAMES A., JR. 97 W. OKEECHOBEE ROAD HIALEAH FL 33010	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	PRES./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, FL 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,FL 32779	
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 (10/97)

14. 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 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: _____ JAN 6, 1998