2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276772 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name TOM THUMB FOOD STORES, INC. 04-04-2000 90042 026 ***150.00 Principal Place of Business Mailing Address 97 WEST OKEECHOBEE RD. 97 WEST OKEECHOBEE RD. HIALEAH FL 33010 HIALEAH FL 33010-4721 U\$ 004140 3. Mailing Address 2. Principal Place of Business 97 West Okeechobee Road 97 West Okeechobee Road Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1034928 Hialeah, Florida Hialeah, Florida Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33010 33010 Fee Required U.S.A. U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCARTHY, JAMES A., JR. Street Address (P.O. Box Number is Not Acceptable) 97 W. OKEECHOBEE ROAD HIALEAH FL 33010 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. 12. Director PTD ☐ Change XX Addition TITLE ☐ Delete TITLE MCCARTHY, JAMES A JR James A. McCarthy III NAME STREET ADDRESS STREET ADDRESS 13004 SAN JOSE STREET 9321 S.W. 181 Terrace CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Miami, Florida 33157 Delete ☐ Change Addition TITLE TITLE MCCARTHY, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 13004 SAN JOSE STREET CITY-ST-ZIE CITY-ST-ZIP CORAL GABLES FL ☐ Change Addition ☐ Delete TITLE BENNION, THOMAS O. STREET ADDRESS STREET ADDRESS 100 WILD FERN DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MEZYK, CHARLENE NAME NAME STREET ADDRESS STREET ADDRESS 13321 SW 16 CT. CITY-ST-7IP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

James A. McCarthy, Jr., President

☐ Delete

January 5, 2000

305-885-5451

Date

Daytime Phone #

☐ Change

Addition

RZE034 (9/99)