

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 300954 (5)

1. Corporation Name

GARDNER'S SUPER MARKETS, INC., #4



Principal Place of Business

Mailing Address

G/O PAUL, LANDY, BELY & HARPER, P.A.
600 S.E. FIRST STREET, PENTHOUSE
MIAMI FL 33131-4888

C/O LAWRENCE M. PLOUCHA
1946 TYLER STREET
HOLLYWOOD FL 33022-2088
US

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/18/1966 | 3a. Date of Last Report 06/30/1995 |
| 4. FEI Number 59-1108709 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|------------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 31 Ocean Drive | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 North Key Largo, Florida | 28 |
| Zip | Country |
| 24 33037 | 25 Monroe |
| 29 | 30 |

| | | | |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| PLOUCHA, LAWRENCE M. E ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A. 1946 TYLER STREET HOLLYWOOD FL 33022 | | 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 date of signature (DATE) Registered Agent signature, region, and date of signature

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DC GARDNER, HARVEY A., JR. 9351 S.W. 56TH STREET MIAMI FL | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY - ST - ZIP | | 4. CITY - ST - ZIP | |
| TITLE | D GARDNER, JOSEPH T. 7001 SW 56TH ST MIAMI FL | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 9351 S.W. 56th Street Miami, Florida 33165 |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | PD ADAMS, MAURICE D. 6025 SW 93RD ST MIAMI FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 9351 S.W. 56th Street Miami, Florida 33165 |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | STD ADAMS, ELIZABETH 5025 SW 93RD ST MIAMI FL | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 9351 S.W. 56th Street Miami, Florida 33165 |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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, unchanged, or on an attachment with the address

SIGNATURE: *Maurice D. Adams* **4/5/96** 305 271-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)