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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 31 OCEAN DRIVE, NORTH KEY LARGO FL 33037 US
Mailing Address: C/O LAWRENCE M. PLOUCHA, 1946 TYLER STREET, HOLLYWOOD FL 33020-4517 US

3. Date Incorporated or Qualified: 01/18/1966
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-1108709
6. Certificate of Status Desired: \$8.75 Additional Fee Required
8. 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

2. Principal Place of Business: 31 Ocean Drive, North Key Largo, FL 33037, USA
2a. Mailing Address: [Blank]
22. City & State: North Key Largo, FL
24. Zip: 33037, Country: USA

9. Name and Address of Current Registered Agent: PLOUCHA, LAWRENCE M. E, ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A., 1946 TYLER STREET, HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent: [Blank]
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank]
85. Zip Code: FL [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS	
TITLE: DC	<input type="checkbox"/> DELETE
NAME: GARDNER, HARVEY A., JR.	
STREET ADDRESS: 9351 S.W. 56TH STREET	
CITY - ST - ZIP: MIAMI FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GARDNER, JOSEPH T.	
STREET ADDRESS: 9351 SW 56TH STREET	
CITY - ST - ZIP: MIAMI FL	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: ADAMS, MAURICE D.	
STREET ADDRESS: 9351 SW 56TH STREET	
CITY - ST - ZIP: MIAMI FL	
TITLE: STD	<input type="checkbox"/> DELETE
NAME: ADAMS, ELIZABETH	
STREET ADDRESS: 9351 SW 56TH STREET	
CITY - ST - ZIP: MIAMI FL	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY - ST - ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY - ST - ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President Elizabeth Adams
4.3 STREET ADDRESS	9351 S.W. 56th Street
4.4 CITY - ST - ZIP	Miami, Florida 33165
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: [Signature] MAURICE D. ADAMS 1/16/97 305271-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)