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**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90033 012 \*\*\*550.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **300954**

Corporation Name  
**GARDNER'S SUPER MARKETS, INC., #4**

Principal Place of Business  
 1 OCEAN DRIVE  
 NORTH KEY LARGO FL 33037  
 S

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/18/1966</b>	
4. FEI Number <b>59-1108709</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 33020		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
	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: <b>D</b> <input type="checkbox"/> DELETE NAME: <b>GARDNER, JOSEPH T.</b> STREET ADDRESS: <b>9351 SW 56TH STREET</b> CITY-ST-ZIP: <b>MIAMI FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>LOUISE G. SCHWARTZ</b> <b>9351 S.W. 56TH STREET</b> <b>MIAMI, FL 33165</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: <b>PD</b> <input type="checkbox"/> DELETE NAME: <b>ADAMS, MAURICE D.</b> STREET ADDRESS: <b>9351 SW 56TH STREET</b> CITY-ST-ZIP: <b>MIAMI FL</b>	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 type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: <b>STDV</b> <input type="checkbox"/> DELETE NAME: <b>ADAMS, ELIZABETH</b> STREET ADDRESS: <b>9351 SW 56TH STREET</b> CITY-ST-ZIP: <b>MIAMI FL</b>	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 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 with all other like empowered.

SIGNATURE: *Maurice D. Adams* **SIGNATURE REQUIRED MAURICE D. ADAMS 3052550409**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)