FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 12:09

DOCUMENT # **453215** **(6)**

1. Corporation Name
CORBETT'S FOOD STORES, INC.

Principal Place of Business	Mailing Address
402 NORTH TEMPLE AVENUE STARKE FL 32091	402 NORTH TEMPLE AVENUE STARKE FL 32091

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/17/1974
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

4. FEI Number: 59-1525542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. 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

9. Name and Address of Current Registered Agent

MCANNALLY, L. THOMAS
733 NORTH PALMETTO STREET
GREEN COVE SPRINGS FL

10. Name and Address of New Registered Agent

81 Name: B. DEAN CORBETT
82 Street Address (P.O. Box Number is Not Acceptable): 6491 LITTLE LILY LAKE ROAD
83
84 City: KEYSTONE HEIGHTS FL 85 Zip Code: 32656

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: B. Dean Corbett B. DEAN CORBETT, PRESIDENT 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CORBETT,B. DEAN	1.2 NAME	
STREET ADDRESS	6491 LITTLE LK.LILLY RD.	1.3 STREET ADDRESS	6491 LITTLE LILY LAKE ROAD
CITY-ST-ZIP	KEYSTONE HGTS. FL	1.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	CORBETT,PATRICIA FISH	2.2 NAME	
STREET ADDRESS	6491 LITTLE LK.LILLY RD.	2.3 STREET ADDRESS	6491 LITTLE LILY LAKE ROAD
CITY-ST-ZIP	KEYSTONE HGTS. FL	2.4 CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 (*) next.

SIGNATURE: B. Dean Corbett B. DEAN CORBETT 1/31/95 904-964-6436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007168 CP