

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **465646** (8)

1. Corporation Name
SAN ANN FOOD STORES, INC.



Principal Place of Business: **205 SOUTH HOOVER STREET TAMPA FLORIDA 33609**
Mailing Address: **205 SOUTH HOOVER STREET TAMPA FLORIDA 33609**

3. Date Incorporated or Qualified: **11/27/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1570964**
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

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

9. Name and Address of Current Registered Agent

**HUGHEY, MIKE
205 S. HOOVER STREET
TAMPA FL 33609**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHEY, L M	
STREET ADDRESS	205 S HOOVER STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HURST, HARRY E	
STREET ADDRESS	205 S HOOVER STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAWLINS, WANITA M.	
STREET ADDRESS	205 S HOOVER STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARTER, SHIRLEY	
STREET ADDRESS	205 S HOOVER STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BROWNE, DAN	
STREET ADDRESS	205 S. HOOVER ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	V D Farmer J.D.
2.3 STREET ADDRESS	205 S. HOOVER ST #400
2.4 CITY-ST-ZIP	Tampa FL 33609
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	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V AS D
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 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 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: *Danforth Browne V-P* 4/26/96 813 286 2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANFORTH BROWNE Date Daytime Phone #

CR2E034 (12/95)