SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **479414** **(5)**

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

Principal Place of Business	Mailing Address
RT 2 BOX 2360 MELROSE FL 32666	RT 2 BOX 2360 MELROSE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1975
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 849 NORTH STATE RD 21
22: Suite, Apt. #, etc.
23: City & State: MELROSE FL
24: Zip: 32666
25: Country:

2a. Mailing Address
26: 849 NORTH STATE RD 21
27: Suite, Apt. #, etc.
28: City & State: MELROSE FL
29: Zip: 32666
30: Country:

4. FEI Number: 59-1633226 ☐ 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

WILLIAMSON, ROMIE
CORNER OF SR 26 AND SR 21
MELROSE FL

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 reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, ROMIE	12 NAME	
STREET ADDRESS	CORNER OF SR26 AND SR21	13 STREET ADDRESS	
CITY ST ZIP	MELROSE, FL 00000	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, TWILA MAE	22 NAME	
STREET ADDRESS	SR 26 & SR 21	23 STREET ADDRESS	
CITY ST ZIP	MELROSE, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, BRIAN	32 NAME	
STREET ADDRESS	CORNER OF SR26 AND SR21	33 STREET ADDRESS	
CITY ST ZIP	MELROSE, FL 00000	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 address.

SIGNATURE: Mrs Twila Williamson 12 JULY 95 904-475-1144
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
TWILA WILLIAMSON

0130426 FP