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CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:54

**DOCUMENT # F93000003276 (3)**

1. Corporation Name

**DRISCOLL'S OF FLORIDA, INC.**

Principal Place of Business

12885 U.S. HIGHWAY 92 EAST  
DOVER FL 33527

Mailing Address

P.O. BOX 519  
DOVER FL 33527

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

12/28/1994

4. FBI Number

59-3190392

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 G. 199.022, Florida Statutes

Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FLORY, WILLIAM  
STREET ADDRESS 345 WESTRIDGE DRIVE  
CITY- ST- ZIP WATSONVILLE CA 95076

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D  
NAME BOWDEN, R. CRAIG  
STREET ADDRESS 345 WESTRIDGE DRIVE  
CITY- ST- ZIP WATSONVILLE CA 95076

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE D  
NAME CARREIRO, EUGENE  
STREET ADDRESS 345 WESTRIDGE DRIVE  
CITY- ST- ZIP WATSONVILLE CA 95077

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE T  
NAME DUARTE, ALEC  
STREET ADDRESS 345 WESTRIDGE DRIVE  
CITY- ST- ZIP WATSONVILLE CA 95077

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE D  
NAME WILLIAMSON, SAMUEL  
STREET ADDRESS 2630 SIDNEY DOVER ROAD  
CITY- ST- ZIP DOVER FL 33527

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  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:

*(Signature)*

ALEC DUARTE CFO

6/6/95

408-761-5301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(System 1/9/95)