

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H25557 (0)**

1. Corporation Name
FIRST NATURALFOOD OF ST. AUGUSTINE, INC.



Principal Place of Business: 2085 S.R. #3 ST. AUGUSTINE FL 32084
Mailing Address: 2085 S.R. #3 ST. AUGUSTINE FL 32084

2. Principal Place of Business: 21 SAME AS ABOVE
22 City & State
23 Zip
24 County
25
2a. Mailing Address: 26 SAME AS ABOVE
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: 10/15/1984
3a. Date of Last Report: 03/20/1995
4. FLI Number: 59-2448861
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

10. Name and Address of New Registered Agent

THOMAS, BARBARA DIANE
29 LOCKHART LANE
ST. AUGUSTINE FL 32084

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Barbara Diane Thomas* DATE: 1/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: DP	<input type="checkbox"/> DELETE
12.2 NAME: THOMAS, BARBARA D	
12.3 STREET ADDRESS: SR 3 COQUINA PLAZA	
12.4 CITY-STATE-ZIP: ST. AUGUSTINE FL	
12.5 TITLE: <input type="checkbox"/> DELETE	
12.6 NAME: <input type="checkbox"/> DELETE	
12.7 STREET ADDRESS: <input type="checkbox"/> DELETE	
12.8 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	
12.9 TITLE: <input type="checkbox"/> DELETE	
12.10 NAME: <input type="checkbox"/> DELETE	
12.11 STREET ADDRESS: <input type="checkbox"/> DELETE	
12.12 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	

13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary 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 supplementary 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: *Barbara Diane Thomas* DATE: 1/22/96 PHONE: 471-3796

CR2E034 (12/95)