| | -2001 LENIFORM BUSI | NESS BEDO | 2.2 | | 20 | 6 | | | (T) | |
|---|---|----------------------------|---------------------------------------|---|---|---|----------------|-----------------------|-------------------------|--|
| DOCU | MENT# | P 31389 | | | 70 | 7 | | (/ | | |
| Bob's Superette Inc. | | | | | FILED | | | | | |
| Principal Place of Business Mailing Address 13/20 Lillian Hwy Pensacola Fla 32506 Pensacola, Fl. | | | | | SE TAL | OCT -8 P GRETARY.OF.S LAHASSEE.FL | M 1: 08 | | | |
| Pensacola Flg. 32506 Pensacola, Fl. 32506 2. Principal Place of Business 3. Mailing Address | | | | | | _ | ∨кирд, | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE | IN THIS SPACE | Ē | | |
| City & Star | | City & State | h | | 4. FEI Number 43-69 | 947144 | | Not | olied For Applicable | |
| Zip | Country | Zip * | Country | - | 5. Certificate o | f Status Desired | | 5 Additequired | | |
| 6. Name and Address of Current Registered Agent Name | | | | | | 7. Name and Address of New Registered Agent | | | | |
| De | | | | | | onald R-Barnett | | | | |
| Street Addi | | | | | dress (P.O. Box Number is Not Acceptable) | | | | | |
| | | and Co. Land the Section . | | _ | | | | | | |
| | | Canada Andrews | City | Pana | 50.00/0 | | FL Z | Code | (() | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | | | | | |
| SIGNATURE Donald P. Bauth 9-27-2001 | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w | | | | | | 9 | DATE | | <u> </u> | |
| 9. This corpo Tax filing (See crite | FEE IS \$150 Fee will be \$ to Departmen | 550.00 | Trust | tion Campaign Finan t Fund Contribution. | cing | | May Be to Fees | | | |
| 11. | OFFICERS AND D | | 12. | | ADDITIONS/C | HANGES TO OFFICE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Title - P.D. Robert Meszaros 10611 Co. Rd. 95 Elberta, Al. 365 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 80 | 0 <mark>00046</mark> -18/25/0 ****300 | 5357 010107 | '8- | 01 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mary Merchant 27122 Totsch Ln. Elberta, Alg. 3653 | Title T.D | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Bar | | <u> </u> | hange | Addition . | |
| NAME | Helen Merchant 10287 Co Rd. 95 Elberta, Al. 36 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | с | hange | Addition | |
| TITLE NAME STREET APPRESS | | - □ Delet | TITLE NAME STREET ADDRESS | | | | C | hange | Addition | |
| CITY-ST- | | | T-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZI | THIS IS THE UNIFOR REPORT FOR THE 2000 & 2001 | | TITLE NAME STREE ADDRESS CITY ZIP | | | | □ c | hange | ☐ Addition | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Change

☐ Addition

SIGNATURE: & Bergero H

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P31389

13/20 Lillian Huy. Pensacola, II. 3,9506

Sincerely Herchant