

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000027078 (2)

1. Corporation Name
GULLEY'S GROCERY, INC.



Principal Place of Business: **3214 1ST STREET SW BRADENTON FL 34208**
Mailing Address: **3214 1ST STREET SW BRADENTON FL 34208**

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

3. Date Incorporated or Qualified: **04/07/1994** 3a. Date of Last Report: **02/07/1995**
4. FEI Number: **65-0484708** 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

**ARLINGTON, LINDA C
3214 1ST STREET SW
BRADENTON FL 34208**

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 607.0102 and 607.1505, 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 607.0105, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	ARLINGTON, LINDA C	
11.3 STREET ADDRESS	15624 CARLTON LAKE DRIVE	
11.4 CITY, ST, ZIP	WIMAUMA FL	
11.5 TITLE	VPD	<input type="checkbox"/> DELETE
11.6 NAME	ARLINGTON, RANDY A	
11.7 STREET ADDRESS	15624 CARLTON LAKE DRIVE	
11.8 CITY, ST, ZIP	WIMAUMA FL	
11.9 TITLE	TD	<input type="checkbox"/> DELETE
11.10 NAME	GULLEY, JACK H	
11.11 STREET ADDRESS	2413 LANCASTER DRIVE	
11.12 CITY, ST, ZIP	SUN CITY CENTER FL	
11.13 TITLE	SD	<input type="checkbox"/> DELETE
11.14 NAME	GULLEY, CARROL J	
11.15 STREET ADDRESS	2413 LANCASTER DRIVE	
11.16 CITY, ST, ZIP	SUN CITY CENTER FL	
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 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 its 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: *Linda C. Arlington* Linda C. Arlington 2/3/96 813-677-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date is Block #)

CR2E034 (12/95)