

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 15624 Carlton Lake Dr
22 City & State	27 Wimauma, FL
23 Zip Country	28 33598 Hills

3. Date Incorporated or Qualified 04/07/1994	4. FEI Number 65-0484708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) 15624 Carlton Lake Drive
83
84 City Wimauma, FL 85 Zip Code 33598

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARLINGTON, LINDA C	
STREET ADDRESS	15624 CARLTON LAKE DRIVE	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ARLINGTON, RANDY A	
STREET ADDRESS	15624 CARLTON LAKE DRIVE	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GULLEY, JACK H	
STREET ADDRESS	2413 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GULLEY, CARROL J	
STREET ADDRESS	2413 LANCASTER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2.1 TITLE	VP TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Linda C. Arlington* **Linda C. Arlington** **813-677-0678**

CR2E034 (10/97)