

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 # V08759 (5)
1. Corporation Name
V&R SUPERMARKETS, INC



Principal Place of Business
**316 N MAIN ST
BUSHNELL FL 33513
US**

Mailing Address
**P.O. BOX 67
BUSHNELL FL 33513
US**

3. Date Incorporated or Qualified **01/30/1992** 3a. Date of Last Report **04/11/1995**

4. FEI Number **59-3126072** 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

2. Principal Place of Business
21 Sub., Apt., #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt., #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RACIAPPA, MARK P.
316 N MAIN ST
BUSHNELL FL 33513**

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 _____ DATE _____
Signature and Title of Registered Agent (Print Name and Title) _____
Signature and Title of Registered Agent (Print Name and Title) _____ DATE _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: **D** RACIAPPA, MARK P. DELETE
12.2 NAME: **RACIAPPA, MARK P.**
12.3 STREET ADDRESS: **CR 607-B BUSHNELL FL**

12.4 TITLE: **D** RACIAPPA, LINDA U. DELETE
12.5 NAME: **RACIAPPA, LINDA U.**
12.6 STREET ADDRESS: **CR 607-B BUSHNELL FL**

12.7 TITLE: **D** VORHOLZER, WILLIAM F. DELETE
12.8 NAME: **VORHOLZER, WILLIAM F.**
12.9 STREET ADDRESS: **895 WHITE BIRCH LN BARTOW FL**

12.10 TITLE: **D** VORHOLZER, CAROL ANN DELETE
12.11 NAME: **VORHOLZER, CAROL ANN**
12.12 STREET ADDRESS: **895 WHITE BIRCH LN BARTOW FL**

12.13 TITLE: DELETE
12.14 NAME:
12.15 STREET ADDRESS:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

13.5 TITLE: Change Addition
13.6 NAME:
13.7 STREET ADDRESS: **3366 KILMER DR. LAKELAND, FL 33803**

13.8 TITLE: Change Addition
13.9 NAME:
13.10 STREET ADDRESS: **3366 KILMER DR. LAKELAND, FL 33803**

13.11 TITLE: Change Addition
13.12 NAME:
13.13 STREET ADDRESS:
13.14 CITY-STATE-ZIP:

13.15 TITLE: Change Addition
13.16 NAME:
13.17 STREET ADDRESS:
13.18 CITY-STATE-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, changes, or in an attachment with an address.

SIGNATURE: *[Signature]* **PRESIDENT** **2-11-96** **352-793-4911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone #

CR2E034 (12/95)