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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

V&R SUI	PERMARKETS, INC						
Principal Place	of Business	Mailing Address					\$
316 N MAIN ST BUSHNELL FL 33513 US		P.O. BOX 67 Bushwell fl 33513-0067 US					
					 Date Incorporated or Qualified 01/30/1992 	3a. Date of 02/15/1	
. Principal Place of Business 2a. Mailing Address					4. FEI Number	02/10/1	Applied For
il i		26			59-3126072	}	Not Applicable
Suite, Apt. #	f, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
Cit . 8 Clata	A. H. Chr. Appropria	City P. State					ee Required
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability fo		
	25	29	30			Yes No	1001 0. 100.002,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
	IAPPA, MARK P.		81	Name			
316 N MAIN ST			B2	Street Add	ress (P.O. Box Number is Not Accepta	ible)	
BUS	HNELL FL 33513		83				***************************************
			84	City		FL 85	Zip Code
SIGNATURE .	o the provisions of Sections 607, 9502 gistered agent, or both, in the State in familiar with, and accept the obligated in familiar with, and accept the obligated for the provision of the state of t				poration submits this statement for the tion's board of directors. I hereby according to the time of time	purpose of chan opt the appointm	ging its registered
i2.	OFFICERS AND		13,	int signatore rado	ADDITIONS/CHANGES TO OFF		CTORS IN 12
iĭL [D	DELETE	1.1 TUTLE			C	hange Addition
LAME	raciappa, Mark P		1.2 NAME				
TREET ADDRESS	CR 607-B		1.3 STREET	ADDRESS			
31Y-S1-2IP	BUSHNELL FL	DELETE	1.4 CiTY-S	T-ZIP			hange Addition
ITILF NAME	d Raciappa, Linda u	ר"ו סנרבונ	2.1 TITLE 2.2 NAME				HIDDING LIT SUBSI
TREET ADDRESS	CR 607-B		2.3 STREET	ADDRESS			
11Y-ST-71P	BUSHNELL FL		2.4 City -	1			
ITLE	D	☐ DELETE	3.1 THILE			c	hange Addition
IAME	VORHOLZER, WILLIAM F		3.2 NAME				
TREET ADDRESS	3366 KILMER DRIVE		3.3 STREET	ADDRESS			
ITY-ST-ZIP	LAKELAND FL	- Doctore	3.4. CITY-	ST-ZIP			TT varie
TILE	D CAROLITED CAROLI ANN	☐ DELETE	4.1 TITLE	-			hange L Additio
AME	VORHOLZER, CAROL ANN 3366 KILMER DRIVE		4.2 NAME				
TREET ADDRESS DITY-ST-7/P	LAKELAND FL		4.3 STREET 4.4 C(TY-S				
TILE	UNILUTIE .	☐ DELETE	5.1 TITLE	51-20			hange Additio
IAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS	•		
CITY-ST-ZIP			5.4 CITY - S	ST - ZIP			
I-TLE		☐ DELETE	61 TITLE		•	□ c	hange 🔲 Addition
NAME			62 NAME		·		
STREET ADDRESS			6.3 STREET				
CITY-S1-ZIP 14. Edo bereb	v certify that the information supplied	with this filing does not gua	6.4 CITY-5	motion state	d in Section 119.07(3)(i), Florida Statu	es. I further certi	ly that the
information Lam an of	by certify that the information supplied in indicated on this arrival report or si ficer or director of the corporation or in Block 12 or Block 13 if Granged, or	upplemental annual report is the receiver or trustee empo	true and acci	urate and tha	it my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if ma Statutes: and the	ide under oath; that my name

SIGNATURE:

MNUK P. RACIAPPA

352-793-4911

FILED

Apr 10 1997 8:00am

Secretary of State