FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V68094** **(4)**

1. Corporation Name

ABC SUPERMARKET OAKRIDGE, INC.

Principal Place of Business	Mailing Address
6500 CARRIER DRIVE ORLANDO FL 32819-8200 US	6500 CARRIER DRIVE ORLANDO FL 32819-8200 US

3. Date Incorporated or Qualified: 10/01/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21: 4288 L.B. McLEOD ROAD
22: Suite, Apt. #, etc
23: City & State: ORLANDO, FLORIDA
24: Zip: 32811-5680 — 25: Country

2a. Mailing Address — 26: 4288 L.B. McLEOD ROAD
27: Suite, Apt. #, etc.
28: City & State: ORLANDO FLORIDA
29: Zip: 32811-5680 — 30: Country

4. FEI Number: 59-3373548 ☐ Applied For ☐ Not Applicable
~~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

MANGHNANI, A.J.
6500 CARRIER DR.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: MANGHNANI, J. K.
82 Street Address (P.O. Box Number is Not Acceptable): 4288, L.B. McLEOD ROAD
83
84 City: ORLANDO FL — 85 Zip Code: 32811-5680

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: X _____ 1-23-96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☑ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	MANGHNANI, A. J.	1.2 NAME	MANGHNANI, J.K.
STREET ADDRESS	6500 CARRIER DRIVE	1.3 STREET ADDRESS	4288 L.B. McLEOD ROAD
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL, 32811-5680
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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: X _____ 1-23-96 1-407-422-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX - 1-407-422-4107