

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 PH 3: 12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 313890 (6)**

1. Corporation Name  
**SAVE-RITE FOODS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**5050 EDGEWOOD COURT JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified **02/15/1967** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1168473** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, RONALD D  
5050 EDGEWOOD CT  
JACKSONVILLE FL 32254**

81 Name **E. Ellis Zahra, Jr.**  
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 *[Signature]*  
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**E. Ellis Zahra, Jr. 04/17/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>
NAME	<b>BRAGIN, D. H.</b>
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SVD</b>
NAME	<b>RIPLEY, W. E., JR.</b>
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>KUFELDT, JAMES</b>
STREET ADDRESS	<b>5050 EDGEWOOD COURT</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>MAY, L. H</b>
STREET ADDRESS	<b>5050 EDGEWOOD CT</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<b>32254</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>S. W. Dixon</b>
3. STREET ADDRESS	
4. CITY-ST-ZIP	<b>32254</b>
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<b>32254</b>
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	<b>YD</b>
4. STREET ADDRESS	<b>R. P. MCCOOK</b>
4. CITY-ST-ZIP	<b>5050 Edgewood Ct. Jacksonville FL 32254</b>
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 110.07(3)(4), 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: *[Signature]* **D. H. Bragin** 4/13/95 904/7835000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR