

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 215852 (5)

1. Corporation Name

TABLE SUPPLY FOOD STORES CO., INC.

Principal Place of Business

5080 EDGEWOOD COURT
JACKSONVILLE FL 32254
US

Mailing Address

5080 EDGEWOOD COURT
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/27/1958

3a. Date of Last Report

04/18/1994

4. FBI Number

59-6079368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

12. OFFICERS AND DIRECTORS

TITLE

TD

NAME

BRAGIN, D H

STREET ADDRESS

5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000

CITY - ST - ZIP

TITLE

PD

NAME

KUFELDT, JAMES

STREET ADDRESS

5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000

CITY - ST - ZIP

TITLE

VD

NAME

DAVIS, A DANO

STREET ADDRESS

5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000

CITY - ST - ZIP

TITLE

VS

NAME

RIPLEY, W. E JR.

STREET ADDRESS

5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

32254

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

32254

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

32254

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

S. W. Dixon

32254

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

D. H. Bragin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95

DATE

904/783-5000

Telephone Number