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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

215846

**DOCUMENT #** 

SUPERIOR FOOD COMPANY

3. Date Incorporated or Qualified 3a. Date of Last Report

Principal Place of Business 5050 EDGEWOOD COURT JACKSONVILLE FL 32254

Mailing Address

5050 EDGEWOOD COURT JACKSONVILLE FL 32254

									09/27/1958		04/24	11995
2. 21	Principal Place of Busin	ness	2a.	Mailing Address				4.	FE1 Number <b>57-0469943</b>			Applied For Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5.	Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State		28	City & State		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
24	Zφ	Country 25	29	Zφ	Со. <b>30</b>	intry		8.	. This corporation has liability for Florida Statutes		ıx undei	rs 199.032,
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
ZAHRA, ELLIS E JR 5050 EDGEWOOD CT					81 82		ss (P	P.O. Box Number is Not Acceptate	ile)			
	JACKSONVILLE	FL 32254				83 84	City			FL	85	Zip Code

1. 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 bound of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE Signature, Mixed or protect naive of temperature and these displacations of the Projectional April 1 signature responsed when reconstruings DATE							
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TiTLE	TD	DELETE	1 1 TifleE	☐ Change ☐ Addition			
NAME	Bragin, D H		1.2 NAME				
STREET AUDRESS	5050 EDGEWOOD CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CiTY - ST - ZIF				
TITLE	8	□ DELETE	2 1 TITLE	Change Addition			
NAME	DIXON, J. W		2.2 NAMS				
STREET ADDRESS	5050 EDGEWOOD COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 Cill Y - ST - 7:P				
TITLE	PD	DELETE	3 1 THILE	Change Addition			
NAME	KUFELDT, JAMES		3.2 NAME				
STREET ADDRESS	5050 EDGEWOOD COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3.4 CiTY - ST - ZIP				
T:TLE	VO	DELETE	4 1 10FLE	☐ Change ☐ Addition			
NAME	MCCOOK, R. P		4.2 NAME				
STREET ADDRESS	5050 EDGEWOOD CT		4.3 STHEET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		4.4 CITY - ST - ZIP				
TITLE		DELETE	5 1 T ILE	Crange 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				
C:TY-ST-Z:P			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 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 earth, 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 or on an attachment with an address. appears in Block 12 or Block 13 if changed

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY DIXON 4-15-96 9047838117