

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 251203

Entity Name: JUNIOR FOOD STORES OF WEST FLORIDA, INC.**Current Principal Place of Business:**619 EIGHTH ST
CRESTVIEW, FL 32536**Current Mailing Address:**1014 VINE STREET
CINCINNATI, OH 45202-1100**FEI Number:** 59-0980071**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name SALISBURY, MARK W
Address 619 8TH STREET
City-State-Zip: CRESTVIEW FL 32536

Title VP
Name DAIGLE, DAVE
Address 619 8TH STREET
City-State-Zip: CRESTVIEW FL 32536

Title VP, TREASURER
Name FOLEY, TODD A
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202

Title VP
Name SMITH, TERESA A
Address 619 8TH STREET
City-State-Zip: CRESTVIEW FL 32536

Title ASST. SECRETARY, DIRECTOR
Name ROBERTS, DOROTHY D
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202

Title ASST. TREASURER
Name BRADLEY, JOSEPH W
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

Title VP
Name GERWERT, MICHAEL
Address 734 EAST 4TH STREET
City-State-Zip: HUTCHINSON KS 67501

Title SECRETARY, VP, DIRECTOR
Name WHEATLEY, CHRISTINE S
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH W BRADLEY**ASSISTANT TREASURER 04/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VAN OFLEN, MARY ELIZABETH
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

Title ASST. SECRETARY
Name SPENCE, DANIEL P
Address 619 EIGHT STREET
City-State-Zip: CRESTVIEW FL 32746

Title VP
Name LANDRUM, RICK J
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202

Title VP
Name PARKER, JEFF A
Address 734 EAST 4TH STREET
City-State-Zip: HUTCHINSON KS 67501

Title VP
Name POWELL, ANGUS T III
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202