

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 452752

**Entity Name:** EASTERN FOOD STORES, INC.

**Current Principal Place of Business:**

205 SOUTH HOOVER STREET  
400  
TAMPA, FL 33609

**Current Mailing Address:**

205 SOUTH HOOVER STREET  
400  
TAMPA, FL 33609

**FEI Number:** 59-1570952

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, J STYLES ESQ  
205 S. HOOVER STREET  
400  
TAMPA, FL 33609 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, DIRECTOR  
Name           THATCHER, CAROLYN  
Address        205 SOUTH HOOVER ST #400  
City-State-Zip: TAMPA FL 33609

Title           D  
Name           FARMER, JD  
Address        205 S HOOVER ST #400  
City-State-Zip: TAMPA FL 33609

Title           VP, DIRECTOR  
Name           CARTER, SHIRLEY H  
Address        205 SOUTH HOOVER ST. #400  
City-State-Zip: TAMPA FL 33609

Title           VP, DIRECTOR  
Name           GRANELL, ALLISON  
Address        205 SOUTH HOOVER STREET  
                  400  
City-State-Zip: TAMPA FL 33609

Title           VP, DIRECTOR, TREASURER  
Name           THATCHER, JONATHAN  
Address        205 SOUTH HOOVER STREET  
                  400  
City-State-Zip: TAMPA FL 33609

Title           VP, DIRECTOR, SECRETARY  
Name           ANGLIN, KIMBERLY  
Address        205 SOUTH HOOVER STREET  
                  400  
City-State-Zip: TAMPA FL 33609

*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:** SHIRLEY ANN CARTER

VP

02/09/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date