

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 465646

**Entity Name:** SAN ANN FOOD STORES, INC.

**Current Principal Place of Business:**

205 SOUTH HOOVER STREET  
400  
TAMPA, FL 33609

**FILED**  
**Feb 15, 2016**  
**Secretary of State**  
**CC7357027720**

**Current Mailing Address:**

205 SOUTH HOOVER STREET  
400  
TAMPA, FL 33609

**FEI Number:** 59-1570964

**Certificate of Status Desired:** No

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

WILSON, STYLES  
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 VP, DIRECTOR  
Name CARTER, SHIRLEY A  
Address 205 S HOOVER STREET #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 PRESIDENT, DIRECTOR  
Name THATCHER, CAROLYN  
Address 205 S HOOVER STREET #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

02/15/2016

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

\_\_\_\_\_  
Date