

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V08759

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC5340815168**

**Entity Name:** V&R SUPERMARKETS, INC

**Current Principal Place of Business:**

2536 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2536 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308 US

**FEI Number:** 59-3126072

**Certificate of Status Desired:** No

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

RACIAPPA, MARK P.  
2536 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308 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 S  
Name DONAWAY, REBECCA R  
Address 6900 LENOX VILLAGE DRIVE  
APT 205  
City-State-Zip: NASHVILLE TN 37211

Title P  
Name RACIAPPA, MARK P  
Address 3318 CHEROKEE RIDGE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name RACIAPPA, LINDA U  
Address 3318 CHEROKEE RIDGE TRAIL  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name VORHOLZER, WILLIAM F  
Address 1623 LAWTON LANE  
City-State-Zip: LAKELAND FL 33803

Title D  
Name VORHOLZER, CAROL ANN  
Address 1623 LAWTON LANE  
City-State-Zip: LAKELAND FL 33803

*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:** MARK P. RACIAPPA

**PRESIDENT**

**04/15/2014**

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

\_\_\_\_\_  
Date