

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08759

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	1630 NE VALLEY ROAD APT A-101
City-State-Zip:	PULLMAN WA 99163

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

Title	D
Name	DONAWAY, MICHAEL
Address	1630 NE VALLEY ROAD APT A-101
City-State-Zip:	PULLMAN WA 99163

Title	P
Name	RACIAPPA, MARK P
Address	2732 OAKLEIGH COURT
City-State-Zip:	TALLAHASSEE FL 32312

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****04/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date