

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 26 PM 3: 12

CORPORATION ANNUAL REPORT 1995



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 188042 (6)
1. Corporation Name
KWK CHEK SUPERMARKETS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
5050 EDGEWOOD COURT JACKSONVILLE FL 32254 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1955** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-6073162** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**PETERSON, RONALD D
5050 EDGEWOOD CT
JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent
B1 Name **E. Ellis Zahra, Jr.**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **E. Ellis Zahra, Jr. 04/17/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KUFELDT, JAMES
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	RIPLEY, W. E., JR.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	TD
NAME	BRAIN, D. H.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V
NAME	MCCOOK, R. P
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	32254
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S. W. Dixon
23 STREET ADDRESS	
24 CITY-ST-ZIP	32254
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	32254
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD
43 STREET ADDRESS	
44 CITY-ST-ZIP	32254
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **D. H. Brain 4/13/95 904-783-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Telephone #)