

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 188042 (6)

1. Corporation Name  
**KWIK CHEK SUPERMARKETS, INC.**



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

3. Date Incorporated or Qualified: 09/27/1955  
3a. Date of Last Report: 04/24/1995  
4. FEI Number: 59-6073162  
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 (21-24)  
2a. Mailing Address (25-28)  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent: E ELLIS ZAHRA, JR, 5050 EDGEWOOD CT, JACKSONVILLE FL 32254  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KUFELDT, JAMES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5050 EDGEWOOD COURT	1.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	S DIXON, J W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5050 EDGEWOOD COURT	2.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	TD BRAGIN, D. H.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5050 EDGEWOOD COURT	3.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	VD MCCOOK, R. P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5050 EDGEWOOD COURT	4.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 119.07(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: *JW Dixon* J.W. Dixon 4-15-96 9047835117  
DATE: \_\_\_\_\_ DAY: \_\_\_\_\_

CR2E034 (12/95)