

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3: 12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 215849

(1)

1. Corporation Name

FAIRWAY FOOD STORES CO., INC.

Principal Place of Business

**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

Mailing Address

**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/27/1958

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-6075362

Applied For

Net 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. 189.032,
Florida Statutes

☐ Yes

☒ No

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

81. Name

E. Ellis Zahra, Jr.

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

E. Ellis Zahra, Jr. 04/17/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
BRAGIN, D H
5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
MCCOOK, R. P
5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
KUFELDT, JAMES
5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
RIPLEY, W. E., JR.
5050 EDGEWOOD COURT
JACKSONVILLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

D. H. Bragin

D. H. Bragin

04/13/95

904/783-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number