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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **265625** **(4)**

1. Corporation Name
TINSLEY'S MARKETS, INC.

Principal Place of Business	Mailing Address
210 W. MAGNOLIA ST. BOX 1013 ARCADIA FL ~~33821~~ 34265	~~210 W. MAGNOLIA ST.~~ BOX 1013 ARCADIA FL 34265-1013

3. Date Incorporated or Qualified: 12/27/1962
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21: 210 W. Magnolia St; 22: Suite, Apt. #, etc.; 23: City & State: Arcadia FL; 24: Zip: 34265; 25: Country: US

2a. Mailing Address — 26: P.O Box 1013; 27: Suite, Apt. #, etc.; 28: City & State: Arcadia FL; 29: Zip: 34265; 30: Country: US

4. FEI Number: 59-0840352 ☐ 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

9. Name and Address of Current Registered Agent

MARKEY, KEITH
3057 S.E. LOVEJOY STREET
ARCADIA FL ~~33821~~ 34266

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	TINSLEY, GERALD F. II		1.2 NAME		
STREET ADDRESS	4917 SE BROWN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL ~~00000~~ 34266		1.4 CITY-ST-ZIP	34266	
TITLE	P	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	MARKEY, KEITH		2.2 NAME		
STREET ADDRESS	3057 S.E. LOVEJOY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL ~~00000~~ 34266		2.4 CITY-ST-ZIP	34266	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3-26-97 941-494-1855 x3