

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90024 034 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **277131**

1. Corporation Name

CITY PROVISIONERS, INC.

Principal Place of Business

**757 S. NOVA ROAD
ORMOND BEACH FL 32174**

Mailing Address

**P.O. BOX 2063
DAYTONA BEACH FL 32115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1964

4. FEI Number

59-1037769

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK, HARVEY
757 S. NOVA ROAD
ORMOND BEACH FL 32174**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **ROGERS, RICHARD**
STREET ADDRESS **577 PELICAN BAY DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32119**

TITLE **CD** ☐ DELETE
NAME **FRANK, HARVEY**
STREET ADDRESS **1 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **Unit 612**
2.4 CITY-ST-ZIP **32176**

TITLE **VDS** ☐ DELETE
NAME **FRANK, LARRY**
STREET ADDRESS **127 BUCKSKIN LN**
CITY-ST-ZIP **ORMOND BEACH FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **32174**

TITLE **PD** ☐ DELETE
NAME **BENDIX, JOSEPH**
STREET ADDRESS **757 S. NOVA ROAD**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE ☒ DELETE
NAME **Frank, Linda**
STREET ADDRESS **Unit 612**
CITY-ST-ZIP **1 John Anderson Dr**
Ormond Beach, FL 32176

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **Frank, Andrea**
STREET ADDRESS **127 BUCKSKIN LN**
CITY-ST-ZIP **Ormond Beach, FL 32174**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: **Thomas J. Duane** **THOMAS J. DUANE** **7-30-99** **904-672-8434**

CR2E034 (5/99)

**CITY PROVISIONERS, INC.
757 S. NOVA ROAD
ORMOND BEACH, FL 32174**

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277131

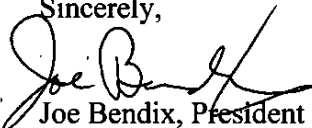
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 2, 1999

RE : City Provisioners, Inc.
FEI# 59-1037769

We are returning our Annual Report along with our check for \$158.75. We are requesting the Report be accepted as timely filed. We believe the original report was incorrectly mailed or lost in the mail since , to the best of our knowledge and belief we never received it.

Sincerely,


Joe Bendix, President

CC: H. Frank, Chairman
Roy Raker