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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 296049

(0)

HANDY FOOD STORES, INC.

| FILED |
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| Apr 28 1997 8:00am |
| Secretary of State |

| Principal Place of Business Mailing Address | | | | | | I FABILA NIDIO NANDA ANNI ADVET DIDIO NANDA | T SANDIN TININ THIS AND THE COLUMN TO SAND AND THE RESULT OF THE PROPERTY OF T | | | | |
|---|---|------------------------------------|------------------------|----------------------|---|---|--|-----------------------|--------------|--|--|
| 8330 ADAMO DRIVE 8330 ADAMO | | | AO DRIVE | | | | | | | | |
| P. O. BOX 1806 | 3 (33601) | | P. O. BOX 1808 (33601) | | | | | | | | |
| TAMPA FL 3361 | 19 | TAMPA FL 33619-2 | 30 6 | | | 3. Date Incorporated or Qualified 08/20/1965 | | e of Last R 2/1996 | eport | | |
| 2. Principal P | lace of Business | 2a. Mailing Addre | S\$ | | *** | 4. FEI Number | | <u> </u> | plied For | | |
| 21 | | 26 | 26 | | | 59-1118596 | Not Applicable | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | Additional | | |
| 22 City & Stat | | 27 | 27 | | | S. Certificate of Status Desired | <u> </u> | Fee Re | quired | | |
| City & State | е | City & State | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | | | |
| 23 | | 28 | | | | Trust Fund Contribution | . <u>L </u> | Added | | | |
| Zip | Country | Zip | | ountry | | 8. This corporation has liability for in | | | . 199.032, | | |
| 24 | [25] | [29] | 30 | | | Florida Statutes 10. Name and Address of New Reg | Yes _ | | | | |
| | 9. Name and Address of Cu | irrent Hegistered Agent | | 81 | Name | 10. Name and Address of New Re | Jistered A | Beur | | | |
| | ER, ANDREW J. JR. | | | " | IVALLIC | | | | | | |
| 9330 ADAMO DRIVE TAMPA FL 33619 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| INMI | FM FE 33018 | | | 83 | | | | | | | |
| | | | | 84 | City | | | 85 Zip | Code | | |
| | | | | | , | | <u>FL</u> | 1 1 | | | |
| 11. Pursuant | to the provisions of Sections 607 | .0502 and 607.1508, Florida | a Statutes, the | above ed by | e-named | corporation submits this statement for the p poration's board of directors. I hereby accep | urpose of a | changing it | s registered | | |
| agent. I a | m familiar with, and accept the c | bligations of, Section 607.0 | 505, Florida St | atutes | i. | portation of board of amounts. Thereby decop | i ino tippo | monora do | , egiolorea | | |
| SIGNATURE | | | | | | | | | | | |
| 40 | Signature, typod or printed name of registere | | | | at signature | required when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE EDC AND | DIDECTOR | 00 10 10 | | |
| 12. | PD | AND DIRECTORS DEL | 13 | mit. | | | | Change | Addition | | |
| NAME | BEVER, J. ANDREW | | | | | Executive Vice Presiden | τ, } | [_] Change | C J Addition | | |
| | 9330 ADAMO DR. | | | NAME | *00br00 | Director | | | | | |
| STREET ADDRESS | TAMPA FL | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | TASC | DIL | | CITY-S | | Treasurer, Secretary, C | FO 3 | Change | Addition | | |
| | EASTERMAN, DAVID A. | | | 2.1 TOLE 2.2 NAME | | licabatel, becletaly, o | ro a | | CJ Addition | | |
| NAME | 9330 ADAMO DRIVE | | | | ****** | | | | | | |
| STREET ADDRESS | TAMPA FL | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | S C | DE1 | | CITY - S TITLE | | President, Director | 1 | Change | Addition | | |
| | BEVER, JR., J. ANDREW | | | | | ricordenc, priector | , | E- Outside | | | |
| NAME STREET ADDRESS | 9330 ADAMO DR | | | NAME | ADDRESS | | | | į | | |
| | TAMPA, FL 00000 | | - B | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | ICANICAL IL ANDRO | DEL | | CITY - S TITLE | 11-211 | | ······ | Change | Addition | | |
| NAME | | الس | | NAME | | | | 580 | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| 1 1 | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | DEL | | CITY-S TITLE |) - ZIL | | | Change | Addition | | |
| NAME | | ٠, ٢٠٠ | | NAME | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |] | | |
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| CITY-ST-ZIP TITLE | | ☐ DEL | | CITY - S TITLE | 1 · ZIF | | · · · · · · · · · · · · · · · · · · · | Change | Addition | | |
| NAME | | _ 0.0 | | NAME | | | | o.ungo | | | |
| | | | | | 4 DODGGG | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | by and further the information our | unlined with this filling elong in | | CITY-S | | yolod in Costion 110.07/3)(i) Florida Statuto | 1 further | onstifu that | the | | |

do hereby certify that the information supplied with this filing doos 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 chapted, or on an attachment with an address.