FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:02

DOCUMENT # **302305** **(8)**

1. Corporation Name

LIL' CHAMP FOOD STORES, INC.

Principal Place of Business	Mailing Address
9143 PHILLIPS HWY., SUITE 200 P.O. BOX 23180 (32241-3180) JACKSONVILLE FL 32256	9143 PHILLIPS HWY., SUITE 200 P.O. BOX 23180 (32241-3180) JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/23/1966**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-1147100** — 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. 199.023, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE	PD	11 TITLE	A ☐ Change ☒ Addition
NAME	JACKSON, EDDIE K.	12 NAME	Toulouse, Jean Francois
STREET ADDRESS	8171 SABAL OAK WAY	13 STREET ADDRESS	32-36 Ave Charles Bedaux BP 1805 37018
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Tours, FRANCE
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	JACKSON, VICTOR P.	22 NAME	
STREET ADDRESS	8746 BELLE RIEVE BLVD	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	FISH, W. DALE	32 NAME	
STREET ADDRESS	9173 FISH RD	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	HERNU, JEAN-BRICE	42 NAME	
STREET ADDRESS	32-26 AVE CHARLES BEDAUZ BP1805 37018	43 STREET ADDRESS	32-36 Ave Charles Bedaux BP 1805 37018
CITY ST ZIP	TOURS CEDEX FR	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	HUNTLEY, LOUIS L.	52 NAME	Huntley, Louis L Delete
STREET ADDRESS	104 MILWAUKEE AVENUE	53 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JULIAN E.	62 NAME	
STREET ADDRESS	7987 HOLLY RIDGE RD	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 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)(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 addition.

SIGNATURE: Dale Fish — Dale Fish — 2-9-95 — 904 464 7206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

000176A CP