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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

302305

(8)

**FILED** Mar 15 1996 8:00 am Secretary of State



LIL' CHAMP FOOD STORES, INC.

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

JACKSONVILLE FL 32256

Mailing Address

9143 PHILLIPS HWY., SUITE 200 P.O. BOX 23180 (32241-3180) JACKSONVILLE FL 32256

| City & State City & State 6. Election Campaign Financing \$5   | Zip Code  |
|--|---|
| Sub- Apt. #. etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soute, Apt. #, etc.   Eccloron Campaign Financing   Pot. #, etc.   Eccloron Campaign Financing   Eccloron Campaign Fina | .75 Additional<br>ee Required<br>5.00 May Be<br>dded to Fees<br>er s 199.032, |
| City & State  Country  Zip  Country  Zip  Country  Signature  Signa | 6.00 May Be<br>dided to Fees<br>er s 199.032,                                 |
| 23 Trust Fund Contribution According Tribution Tribution According Tribution | dded to Fees<br>er s 199.032,   |
| 25   29   30   Florida Statutes   Yes   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   81   Name   | Zip Code  |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 is 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bject of printed rate et registered agent and the mappinable (NOTE Registered Agent signature registed when renstating)  Date  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO First AND DIRECTORS  11. Title President  12. Or Date  13. ADDITIONS/CHANGES TO First AND DIRECTORS  14. Title President  15. Or Date  16. Or Date  17. Title President  18. President  18. President  | Zip Code  |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85  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 is 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 registe familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bytexic princetrane objections and she if agains abset. (NOTE Registered Agent signature registed with reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO First AND DIRECTORS  11. TITLE President  President   | Zip Code  |
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| 12. OF HCERS AND DIRECTORS  12. OF HCERS AND DIRECTORS  13. Street Address (P.O. Box Number is Not Acceptable)  14. 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 in or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byte of probet case of registered agent and she mappinable (NOTE Registered Agent signature registed when renstating)  DATE  12. OF HCERS AND DIRECTORS  13. ADDITIONS/CHANGES TO First AND DIRECTORS  11. Title President  Description:  | •   |
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| SIGNATURE  Signature by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byte or probet frame of registered appointment and ble if appointment as register appointment as register and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byte or probet frame of registered appointment and ble if appointment as register appointment as register and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byte or probet frame of registered appointment as register appointment as register appointment as register appointment as register.  SIGNATURE  Signature, byte or probet frame of registered appointment as register appointment as register appointment as register appointment as register.  SIGNATURE  Signature, byte or probet frame of registered appointment as register appointment as register appointment as register appointment as register.  SIGNATURE  Signature, byte or probet frame of registered appointment as register appointment appointment as register appointment as regis |   |
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| D DELETE 1.1 TITLE President Chan  |   |
| The state of the s |   |
| SIFER LADGRESS 32-36 AVE CHARLES BEDAUX BP 1805 37018 13 STREET ADDRESS 8171 Sabal Oak Way   | ge 🔀 Addition   |
| TOURS FR 1.4 CHY-SI-ZIP Jacksonville, FL 32256   |   |
| DELETE 2 1 TITLE Director of Finance Change  | ge 🔼 Addition   |
| NAME JACKSON, VICTOR P. 22 NAME François, Alain  | ge [] / los llos  |
| STREET ADDRESS 8746 BELLE RIEVE BLVD 23STREET ADDRESS 32-36 Ave Charles Bedaux BP 180  | E 27010   |
| I RACK SCRIVITE ET   | 2 2/019   |
| TOURS, FR  THE STD DELETE 3:1 ME ViceChairman of the Board   Change  | ge 🔀 Addition   |
| FISH, W. DALE 32 NAME Deroy, Michel  | a rangeon   |
| S'HEEL ADDRESS 9173 FISH RD 33 STREET ADDRESS 32-36 Ave Charles Bedaux BP 180  | 5 37019   |
| CITY ST ZIF JACKSONVILLE FL 34 CITY-ST-ZIP TOURS, FR   | 2 2/010   |
| TIFE D DELETE 4.1 TITLE Change   | ge  |
| NEMI HERNU, JEAN-BRICE 42 NAME   | y∨ ∐ Auditroli  |
| 32-36 AVE CHARLES BEDAUX BP 1805 37018 43 STREET ADDRESS   |   |
| TOLIDE CENEY ED  |   |
| CU1+-S1-72P  | ge Addition   |
| NAME JACKSON, JULIAN E. 52 NAME  | te Manufau  |
|  |   |
| IACKSONMI I E EI   |   |
| 34 U:1-31-21   |   |
|  |   |
| NAME 62 NAME   | ge 🔲 Addition   |
| 6.3 STREET ADDRESS   | ge 🔲 Addition   |
| CHY-ST-ZIP 64 CITY-ST-ZIP  | ge 🔲 Addition   |

Leb 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

904-464-7206 Daytime Phone #