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

APPROVED AND FILED

95 APR 24 PM 3:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **313890** **(6)**

1. Corporation Name
SAVE-RITE FOODS, INC.

Principal Place of Business	Mailing Address
5050 EDGEWOOD COURT JACKSONVILLE FL 32205	5050 EDGEWOOD COURT JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1967
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 59-1166473 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): 32254 Country (25):
Zip (29): 32254 Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETERSON, RONALD D 5050 EDGEWOOD CT JACKSONVILLE FL 32254	81 Name: E. Ellis Zahra, Sr. 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: E. Ellis Zahra, Jr. 04/17/95
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	TD	11 TITLE		☒ Change ☐ Addition
NAME	BRAGIN, D. H.	12 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	32254	
TITLE	SVD	21 TITLE	S	☒ Change ☐ Addition
NAME	RIPLEY, W. E., JR.	22 NAME	S. W. Dixon	
STREET ADDRESS	5050 EDGEWOOD COURT	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	32254	
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	KUFELDT, JAMES	32 NAME		
STREET ADDRESS	5050 EDGEWOOD COURT	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	32254	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	MAY, L. H	42 NAME		
STREET ADDRESS	5050 EDGEWOOD CT	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	32254	
TITLE		51 TITLE	VD	☐ Change ☒ Addition
NAME		52 NAME	R.P. MCCOOK	
STREET ADDRESS		53 STREET ADDRESS	5050 Edgewood Ct.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville FL 32254	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: D.H. Bragin D. H. Bragin 4/13/95 904/7835000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR0000 CP