FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 4-12-96 B-3445-C

DOCUMENT # **338108** **(4)**

1. Corporation Name

LAKE CITY IN AND OUT FOOD STORES INC

Principal Place of Business	Mailing Address
649 W. THOMPSON ST. LAKE CITY FL 32055	649 W. THOMPSON ST. LAKE CITY FL 32055

3. Date Incorporated or Qualified: **11/14/1968**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1221582** ☐ 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. 199.032, Florida Statutes: ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HALEY,WILLIAM
~~649 W THOMPSON ST~~
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 10 N. Columbia Street

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N, 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TOWNSEND,WILLIE S		1.2 NAME		
STREET ADDRESS	649 W. THOMPSON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	TOWNSEND,PATRICIA A		2.2 NAME		
STREET ADDRESS	649 W. THOMPSON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	VP/D	☐ Change ☒ Addition
NAME			3.2 NAME	Townsend, Darlene	
STREET ADDRESS			3.3 STREET ADDRESS	2789 E. Lizbeth ave.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Anaheim, CA 92806	
TITLE		☐ DELETE	4.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME			4.2 NAME	Townsend, Willie S. Jr.	
STREET ADDRESS			4.3 STREET ADDRESS	5816 N. Plum Bay Pkwy.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid 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 X in Block 13.

SIGNATURE: Patricia A Townsend 4-8-96 904-755-2802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia A. Townsend