

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murdwan  
Secretary of State  
OFFICE OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **352606** (8)  
George's Market, Inc.  
**GEORGE'S MARKET, INC.**

95 MAY - 1 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4611 HAINES ROAD ST PETERSBURG FL 33714**  
Mailing Address: **4611 HAINES ROAD ST PETERSBURG FL 33714**

3. Date Incorporated or Qualified <b>09/22/1969</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>59-1283402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State	26. State
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**MEVOLI, N. LAWRENCE, JR.  
4611 HAINES ROAD  
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	<del>STB</del> <b>MEVOLI, NATALIE L.</b>
STREET ADDRESS	<b>4611 HAINES RD.</b>
CITY & STATE	<b>ST. PETERSBURG FL</b>
NAME	<del>PD</del> <b>MEVOLI, NICHOLAS L.</b>
STREET ADDRESS	<b>4611 HAINES RD.</b>
CITY & STATE	<b>ST. PETERSBURG FL</b>
NAME	<del>VD PD</del> <b>MEVOLI, N. LAWRENCE (1ST-V)</b>
STREET ADDRESS	<b>4611 HAINES ROAD</b>
CITY & STATE	<b>ST. PETERSBURG FL</b>
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. NAME	<b>MEVOLI, Mary P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>Secretary, Director</b>	
13. STREET ADDRESS	<b>4611 Haines Rd N.</b>	
14. CITY & STATE	<b>St. Petersburg FL 33714</b>	
15. NAME	<b>Smith, William J.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16. NAME	<b>1st Vice President</b>	
17. STREET ADDRESS	<b>4611 Haines Rd N.</b>	
18. CITY & STATE	<b>St. Petersburg FL 33714</b>	
19. NAME	<b>Smith, Robert T.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
20. NAME	<b>2nd Vice President</b>	
21. STREET ADDRESS	<b>4611 Haines Rd N.</b>	
22. CITY & STATE	<b>St. Petersburg FL 33714</b>	
23. NAME	<b>Bingaman, Kerry R</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24. NAME	<b>Treasurer</b>	
25. STREET ADDRESS	<b>4611 Haines Rd N.</b>	
26. CITY & STATE	<b>St. Petersburg FL 33714</b>	
27. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY & STATE		
31. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY & STATE		
35. NAME		
36. NAME		
37. STREET ADDRESS		
38. CITY & STATE		

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 119.071(9)(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 this corporation or the receiver or trustee or assignee to examine this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *N. Lawrence Mevoli Jr.* President 5-1-95 813-525-4600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**N. LAURENCE MEVOLI JR.**