

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

Ag 1

97 JUL 31 PM 1:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 352606 (8)

1. Corporation Name
GEORGE'S MARKET, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/22/1969	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1283402	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)
400002257864--1

83 **-08/05/97--01044--011**

84 City
FL 85 Zip Code
******165.00 ****165.00**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> DELETE
NAME	MEVOLI, MARY P
STREET ADDRESS	4611 HAINES RD N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	FVP <input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM J
STREET ADDRESS	4611 HAINES RD N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MEVOLI, N. LAWRENCE (1ST-V)
STREET ADDRESS	4611 HAINES ROAD
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	SVP <input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROBERT T
STREET ADDRESS	4611 HAINES RD N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BINGAMAN, KERRY R
STREET ADDRESS	4611 HAINES RD N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE: *Mary P Mevoli* **MARY P MEVOLI** 9/22/69 812-025-4600

CR2E034 (4/97)

GEORGE'S MARKET, INC.
4611 HAINES ROAD
ST. PETERSBURG, FL 33714

Pg 2

7/29/97

After checking my records, I had sent
in the 1st Annual Report on April 15th.
It must have been lost in the mail,
because the check has not come back to
my bank either.


W. Lawrence Mendenhall