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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 360406

(3)

1. Corporation Name

MR. C'S COMMUNITY MARKETS, INC.

Principal Place of Business

600 CLEVELAND STREET
SUITE 960
CLEARWATER FL 34615

Mailing Address

600 CLEVELAND STREET
SUITE 960
CLEARWATER FL 34615-4180

3. Date Incorporated or Qualified

02/26/1970

3a. Date of Last Report

04/16/1996

4. FEI Number

59-1862331

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

21 3365 Central Ave.

Suite, Apt. #, etc.

22 City & State

23 St. Petersburg FL

Zip

24 33713

Country

25 Pinellas

2a. Mailing Address

26 3365 Central Ave.

Suite, Apt. #, etc.

27 City & State

28 St. Petersburg FL

Zip

29 33713

Country

30 Pinellas

9. Name and Address of Current Registered Agent

CHEEK MICHAEL C.
814 CHESTNUT ST
CLEARWATER FL 34616

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 607.0502 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

Carroll W. Cheek
Signature, typed or printed name of registered agent and title if applicable.

Carroll W. Cheek
(NOTE: Registered Agent signature required when reinstating)

4/13/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD/Pres.	<input type="checkbox"/> DELETE
NAME	CHEEK, CARROLL W	
STREET ADDRESS	415 BAYVIEW DR	
CITY - ST - ZIP	BELLEAIR FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	CHEEK, MICHAEL	
STREET ADDRESS	480 POINTSETTIA	
CITY - ST - ZIP	BELLEAIR FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	WEBB, JOHN J.	
STREET ADDRESS	3385 CENTRAL AVENUE	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	PDST	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, MARY T.	
STREET ADDRESS	600 CLEVELAND ST #960	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLADSTONE, LAURA	
STREET ADDRESS	3385 CENTRAL AVE.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	ST Barlow, Marsha L.
6.3 STREET ADDRESS	3365 Central Ave.
6.4 CITY - ST - ZIP	St Petersburg FL 33713

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Carroll W. Cheek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

(813) 321-1342

Daytime Phone #

CR2E034 (9/96)