2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 364779 1. Entity Name GOODING'S SUPERMARKETS, INC. Principal Place of Business Mailing Address FILED Mar 08, 2000 8:00 am Secretary of State 03-08-2000 90042 008 ***150.00

| rincipal Place | e of Business | | Mailing Address | | | | | | | | |
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| Suite, Apt. #, etc. City & State | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | |
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| | | | City & State | | 4. | 4. FEI Number 59-129216 | | Applied Fo Not Applic | | pplied For ot Applicable | |
| Zip | Count | у | Zip . | Country | 5. | Certificate of State | us Desired | | 8.75 Ad ee Require | | |
| | 6. Name and Add | iress of Current Reg | gistered Agent | | 7. | 7. Name and Address of New Registered Age | | | jent | ent | |
| | | | | Name | | | | | | | |
| BREWER, FRANCIS J 2349 APOPKA BLVD | | | Street Address | | | s (P.O. Box Number is Not Acceptable) | | | | | |
| APOF | PKA FL 32703 | | | | | | | | | | |
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| . The above i | named entity submits | this statement for th | e purpose or changing its | registered office o | ii registered ag | ent, or both, in the | 5 Otate of 1 for | idu. | | | |
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| ignature 🚚 | | | | | | | | 5.25 | | | |
| | Signature, typed or printed no | me of registered agent and t | itle if applicable (NOT | E: Registered Agent signa | ature required when re | einstating) | | DATE | | | |
| This corpor | Signature, typed or printed no ration is eligible to sa equirement and electrons. | tisfy its Intangible | FILE NOW | !!! FEE IS \$150. | .00 | 10. Election C | | ancing | | 00 May Be | |
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PANCISTS OR FINE REAL TAMOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

1/19/0

407-889-9000

Daytime Phone #