FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **445290** **(0)**

1. Corporate Name
GREAT ATLANTIC OF FLORIDA, INC.

Principal Place of Business
2 EATON STREET, SUITE #1100
HAMPTON VA 23669

Mailing Address
2 EATON STREET, SUITE #1100
HAMPTON VA 23669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/05/1974**
3a. Date of Last Report: **10/20/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
29 30

4. FEI Number: **54-0955605**
☐ 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. Does corporation submit any changes that require an amendment to Articles of Incorporation under Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, M. JEROME
4620 N. STATE RD. 7
SUITE 317
FT. LAUDERDALE FL 33319

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 Section 607.0505, and/or 607.0506, 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. The name and address of the registered office and the name and address of the registered agent of this corporation as changed by this statement are identical to the registered office and registered agent as last reported by this corporation pursuant to Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JOSEPH, EDWIN A.
STREET ADDRESS	2 EATON STREET, STE 1100
CITY, ST, ZIP	HAMPTON VA
TITLE	V
NAME	JOSEPH, JAMES R
STREET ADDRESS	2 EATON ST., STE. 1100
CITY, ST, ZIP	HAMPTON VA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information contained in this annual report, to the best of my knowledge, is accurate and complete and that my signature shall serve as my acknowledgment that I am aware of the penalties provided for by Section 607.0123(2), Florida Statutes. Further I hereby certify that the corporation has paid all fees due to the Department of State, that such payment is reflected in the records of the Department and that the corporation has not dissolved or withdrawn from business under the laws of the State of Florida.

SIGNATURE: 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0002783 CP