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FILED
Jul 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 # 445290

1. Corporation Name

Great Atlantic of Florida, Inc.

Principal Place of Business
Great Atlantic
2 Eaton Street
Suite 1100
Hampton, Virginia 23669

Mailing Address
Great Atlantic
2 Eaton Street
Suite 1100
Hampton, Virginia 23669

3. Date Incorporated or Qualified
February 5, 1974

3a. Date of Last Report
April 26, 1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

54-0955605

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jerome M. Johnson
4620 North State Road, 7
Suite 317
Ft. Lauderdale, FL 33319 US

81 Name William Kelly

82 Street Address (P.O. Box Number is Not Acceptable)
6301 Biscayne Blvd.

83 Suite 100

84 City Miami

FL

85 Zip Code
33138

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 *William A. Kelly* William Kelly, Regional Vice President July 17, 1997

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Edwin A. Joseph PTD ☐ DELETE
NAME
STREET ADDRESS 2 Eaton Street, Suite 1100
CITY-ST-ZIP Hampton, Virginia 23669

TITLE Joseph P. Byrne S ☐ DELETE
NAME
STREET ADDRESS 2 Eaton Street, Suite 1100
CITY-ST-ZIP Hampton, Virginia 23669

TITLE Kenneth Allen AS ☒ DELETE
NAME
STREET ADDRESS 2 Eaton Street, Suite 1100
CITY-ST-ZIP Hampton, Virginia 23669

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Edwin A. Joseph DT ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Aubrey L. Layne, Jr. P ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS 2 Eaton Street, Suite 1100
44 CITY-ST-ZIP Hampton, Virginia 23669

51 TITLE William Kelly AS ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS 6301 Biscayne Blvd., Suite 100
54 CITY-ST-ZIP Miami, FL 33138

61 TITLE 500002246085 ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS -07/24/97--01003--017
64 CITY-ST-ZIP ***550.00

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: *Joseph P. Byrne* Joseph P. Byrne, Comptroller July 17, 1997 (757) 896 3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:me Phone #

CR2E034 (9/96)