

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90075 038 ***150.00

DOCUMENT # 453215

1. Corporation Name

CORBETT'S FOOD STORES, INC.

Principal Place of Business
**402 NORTH TEMPLE AVENUE
STARKE FL 32091**

Mailing Address
**402 NORTH TEMPLE AVENUE
STARKE FL 32091**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1974

4. FEI Number

59-1525542

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORBETT, B DEAN
6491 LITTLE LILY LAKE ROAD
KEYSTONE HEIGHTS FL 32656**

81 Name

PATRICIA CORBETT

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

402 N. Temple Ave

83

S

84 City

Starke

FL

85 Zip Code

32091

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 **Patricia Corbett**

4-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CORBETT, B. DEAN**
STREET ADDRESS **6491 LITTLE LK. LILY RD.**
CITY-ST-ZIP **KEYSTONE HGTS. FL**

TITLE **STD** ☐ DELETE
NAME **CORBETT, PATRICIA FISH**
STREET ADDRESS **6491 LITTLE LILY LAKE ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PRESIDENT / SEC-TREAS** ☒ Change ☐ Addition
1.2 NAME **PATRICIA FISH CORBETT**
1.3 STREET ADDRESS **6491 Little Lily Lake Rd**
1.4 CITY-ST-ZIP **Keystone Heights FL 32656**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **SHANE CORBETT**
2.3 STREET ADDRESS **402 N. TEMPLE AVE**
2.4 CITY-ST-ZIP **STARKE, FL 32091**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Patricia Corbett** **PATRICIA CORBETT**

4-19-99

904 964 6436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)