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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # (AMENDED 1998\_REPORT)

Bert's Markets, Inc.

Principal Place of Business -

Mailing Address

4441 Kathleen Rd. Lakeland, FL 33809

P.O. Box 270 Kathleen, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**FILED** 

Mar 17 1998 8:00am

Secretary of State

33849 33849				4-13-1984	
2. Principal F	Principal Place of Business 2a. Mari			4. FEI Number	Applied For
21		26		59-1699213	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. 66-44-64-64-64-64-64-64-64-64-64-64-64-6	Fee Required
City & Stat	e	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the co	_ ′ _ ′ .
24	25		30		Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
			81 Name	Robert A. Gnann	
	B.A. Gnaan			82 Street Address (P.O. Box Number is Not Acceptable)	
*	2910 Hickory Rd.			1 Arrowhead Drive	
	Auburndale, F	L 33823	B3		
			84 City_		85 Zin Code
			W:	inter Haven Fi	32000
.11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered
agent la	m familiar with any accept the ab gate	ons of, Section 607.0505, Flo	rida Statutes.	orazorts board or bilectors. Thereby accept the ap	pointment as registered
SIGNATURE	MANINTH STO			3-11-	98
OIGHNIONE .			Registered Agent signature	<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	Donald and a	<b>K</b> DELETE	1.1 TIBLE	President/Director	Change   Addition
NAME	President/Dir	ector	1.2 NAME	Gnaan, Robert A.	·
STREET ADDRESS	Gnaan, B.A.		1 3 STREET ADDRESS	•	
CITY-ST-ZIP	2910 Hickory	Rd.	1.4 CITY - ST - ZIP	1 Arrowhead Dr.	`
TITLE	Auburndale, F	L 3382BI DELETE	2.1 TITLE	Winter Haven, FL 3388	Change
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		·
CITY-ST-ZIP		<u> </u>	2. 4 CITY - ST - ZIP		
TATLE	Vice-Presiden	t/Dir. Delete	3 1 TITLE	Sec Treas./Directo	Change Addition
NAME		u, u.e.	3.2 NAME	Gnann, J.	/L
STREET ADDRESS	Deal, J.E.		3 3 STREET ADDRESS	1 Arrowhead Drive	
CITY-ST-ZIP	106 Pinetree	Lane	3 4. CI1Y - \$1 - ZIP		
TITLE	Auburndale, F	L 33825 DELETE	4.1 TITLE	Winter Haven, FL 3388	Change 🗶 Addition
NAME	ĺ		4. 2 NAME		
STREET ADDRESS	l		4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		ange Addition
NAME			5.2 NAME		16 2/10
STREET ADDRESS			5.3 STREET ADDRESS		41 121 17
CITY-ST-7#	i		, 54 CITY-S1-ZIP		////
TITLE		DELETE	6 1 THTLE	7000024601 -03/18/9801003	Change Addition
NAME			6 S NAME	-N3/18/98n1003	การ
STREET ADDRESS			63 STREET ADDRESS	00/10/00 01000	911

14. Thereby 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attactment with an address.

IGNING OFFICER OR DIRECTOR

941-859-9000

CR2E034 (10/97)