2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2008 08:00 AM Secretary of State DOCUMENT # 586796 1. Entity Name BALLANTINE'S SUPER MARKETS, INC. Principal Place of Business Mailing Address 1410 NORTH KROME AVENUE 1410 NORTH KROME AVENUE HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1858565 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marrie BALLANTINE, DAVID D JR. Street Address (P.O. Box Number is Not Acceptable) 1410 NORTH KROME AVENUE **HOMESTEAD FL 33030** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Significate, upod or shared early of registroid mentions the Tampfacture. DATE NOTE: Fegisierad Ager Leighi-füre requiren whoir roinhilltergi FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. . . . Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change ☐ Addition BALLANTINE, DAVID NAME NAME STREET ADDRESS 27300 SW 164 COURT STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP STD ☐ Dalete TITLE ☐ Change Addition BALLANTINE, FLORENCE J. NAME STREET ADDRESS 27300 SW 164 COURT STREET ADDRESS U00000817443 CITY-ST-ZIP HOMESTEAD FL CITY-SI-ZIP ☐ Daiete HHLL Addition DAMAG HARRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P **CITY-31-2IP** TITLE Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS GHY-\$1-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: The Four of the exemption of the exemption of the exemptions contained in Section 119, Florida Statutes at it made under oath; that I am an officer or director of the corporation of the receiver of the exemption of the