

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90021 018 ***150.00

DOCUMENT # 598453



1. Entity Name
REDDICK SUPER MARKET, INC.

Principal Place of Business
**15323 N.W. GAINESVILLE RD
REDDICK FL 32686
US**

Mailing Address
**P.O. BOX 220
REDDICK FL 32686-0220
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1869260**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, ROBERT
3120 NE 163 PLACE
CITRA FL 32113**

Name

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

City **OCALA**

FL

Zip Code **34479**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
SP	JONES, ROBERT SR.	3120 NE 163 PLACE	CITRA FL 32113	<input type="checkbox"/>
V	JONES, ROBERT JR.	15323 NW GAINESVILLE RD	REDDICK FL	<input type="checkbox"/>
T	JONES SR, ROBERT L	3120 NE 163 PLACE	CITRA FL 32113	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		2768 NE 34TH ST	OCALA FL 34479	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2768 NE 34TH ST	OCALA FL 34479	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 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: **2-17-03** Daytime Phone #: **352-591-1123**

RECORDED AT

CR2E034 (10/02)