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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 631953

PICK'S FOOD MART INC

FILED Feb 12, 1999 8:00am **Secretary of State**

02-12-1999 90004 023 ***150.00

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Principal Plac	e of Business	Mailing Addre	ess			E INDIANO DELINO CRIME RIBRO RATOR DELINO RELINO RELINO	01E11 01311 01011 0	11011 01011 1001
9501 TAMIAMI NAPLES FL 339			9501 TAMIAMI TRAIL NORTH NAPLES FL 33963-2474			5 社,特益。 1.4.1. 含3		· · · ·
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 08/06/1979		
2. Principal P	Place of Business	2a. Mailing Ad	ddress			4. FEI Number	Ap	plied For
21		26				59-1933511	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	te	City & Sta	ate			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip		Country		8. This corporation owes the current year In	ntangible	0.4
24	25	29	30]		Personal Property Tax.	☐ Yes	No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cur	rrent Registered Age	nt			10. Name and Address of New Registered	t Agent	
				81	Name			
MEY	'ERS, RICHARD G.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	1 TAMIAMI TRAIL NORTH			"	0.1100171.001	to a many on the second		.,
NAP	PLES FL 33940			83				
				84	City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, FI	lorida Statutes, t	the above	l e-named corp	oration submits this statement for the nurnose of	of changing its	registered
office or t	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida Such ch	iange was autho	orized by	the corporation	on's board of directors. I hereby accept the appoint	ointment as re	gistered
-		ilgations of, occitor oc	57.0000, Tiorida	Cidiolos	•			
SIGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Reg	jistered Agen	nt signature required	d when reinstating) , , , , , , , DATE		
12.		agent and title if applicable. AND DIRECTORS	(NOTE: Reg	gistered Agen	nt signature required	d when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
12.		AND DIRECTORS	(NOTE: Reg		nt signature required		ND DIRECTO	PRS IN 12
	OFFICERS	AND DIRECTORS		13.	nt signature required			
TITLE	PD MEYERS, RICHARD G.	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature required			
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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 changes on an attachment with an address, with all other like empowered.

SIGNATURE