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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 637530

1. Corporation Name

PORT SALERNO GROCERY, INC.

Principal Place of Business

Mailing Address

**4089 SALERNO RD
P.O. BOX 828
PORT SALERNO FL 34992**

**BLACKMAN, ELBERT C. III
PO D T N/A
PORT SALERNO FL 34992
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1979

4. FEI Number

59-1984961

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOGT, THOMAS A.
700 COLORADO AVENUE
STUART FL 33494**

81. Name

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

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
BLACKMAN, ELBERT C. III**
STREET ADDRESS **P.O. DRAWER T**
CITY-ST-ZIP **PORT SALERNO FL**

TITLE ☐ DELETE

NAME **VTS
BLACKMAN, SANDRA A.**
STREET ADDRESS **8496 PALM HAMMOCK LANE**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **PD**
CITY-ST-ZIP **PD**

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **PD**
CITY-ST-ZIP **PD**

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **PD**
CITY-ST-ZIP **PD**

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **PD**
CITY-ST-ZIP **PD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: **ELBERT C. III BLACKMAN** 1-6-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-287-5740

Daytime Phone #

CR2E034 (11/98)