

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 672065 (0)

1. Corporation Name

MINER'S SUPERMARKET OF IMMOKALEE, INC.

Principal Place of Business

521 FIRST STREET SOUTH
IMMOKALEE FL 33934-2808

Mailing Address

521 FIRST STREET SOUTH
IMMOKALEE FL 33934-2808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2013346

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 has liability for intangible tax under G. 199-032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINERS, RUTH
850 NORTH 15TH STREET
IMMOKALEE FL 33934

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	MINERS, ALLAN	521 FIRST STREET SOUTH	IMMOKALEE FL
STE	MINERS, RUTH	850 N. 15TH STREET	IMMOKALEE FL
VD	MINERS, HELEN	521 FIRST STREET SOUTH	IMMOKALEE FL

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
1.1	1.2	1.3	1.4	☐	☐
2.1	2.2	2.3	2.4	☐	☐
3.1	3.2	3.3	3.4	☐	☐
4.1	4.2	4.3	4.4	☐	☐
5.1	5.2	5.3	5.4	☐	☐
6.1	6.2	6.3	6.4	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information set forth 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. I am an officer or director of the corporation or the receiver or trustee empowered to run into this report as required by Chapter 607, Florida Statutes, and that my name appears on the 12 or 13 or both of the above, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

913-651-3589