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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 688383

(9)

1. Corporation Name
B.G. GROCERY COMPANY



Principal Place of Business
C/O TOM L. MCCLENITHAN
417 PARK AVENUE
BOCA GRANDE FL 33921

Mailing Address
C/O TOM L. MCCLENITHAN
BOX 837
BOCA GRANDE FL 33921-0837
US

Thomas L. McClenithan

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

MCCLENITHAN, THOMAS L.
417 PARK AVENUE
BOCA GRANDE FL 33921

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified
09/09/1980

3a. Date of Last Report
07/09/1996

4. FEI Number
59-2028028

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 DT
NAME MC CLENITHAN, GAIL E.
STREET ADDRESS 2285 BUCKSKIN DR.
CITY - ST - ZIP ENGLEWOOD FL

TITLE PD
NAME MC CLENITHAN, THOMAS L.
STREET ADDRESS 2285 BUCKSKIN DR.
CITY - ST - ZIP ENGLEWOOD, FL. 0

TITLE T
NAME HENDRICKS, PHYLLIS
STREET ADDRESS 3296 HOLCOMB RD
CITY - ST - ZIP PT CHARLOTTE FL

TITLE VP
NAME MCCLENITHAN, JACK
STREET ADDRESS 812 SHALLOW RUN
CITY - ST - ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 do 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.

SIGNATURE:

Thomas L. McClenithan THOMAS L. MCCLENITHAN

Date

Daytime Phone #

941-904-2621

1-30-97

CR2E034 (9/96)