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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

829560 **DOCUMENT #**

(2)

CITY WHOLESALE GROCERY COMPANY, INC. Principal Place of Business Mailing Address 300 INDUSTRIAL DR 300 INDUSTRIAL DR PO BOX 190208 PO BOX 190208 BIRMINGHAM AL 35219-0206 BIRMINGHAM AL 35219-0208 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1973 04/28/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 63-0043250 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 Oity & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Ζιρ Country Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** City Zip Code 84 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Suich change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typical deported trastation registerest agend and the mapping at a ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE Addition 1.1108 TITLE DICHIARA, PETER N 1.2 NAM NAME 1100 ROLLING HILLS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS HOOVER AL CITY-ST-ZIP 1.4 CITY - \$1 - 7(P) DELETE Change ☐ Addition 2 1 1111-TITLE DICHIARA, STEVE C. 2.2 NAM NAME 204 MARWOOD DR. 2.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** 2.4 City St-ZiP CiTY-ST-ZiP ☐ Addition DELETE. TITLE 3 11016 DICHIARA, ROSALIE NAME 3.2 NAM 2201 LESTER LANE 1111 CLARENDON AVE. 3.3 STR-ET ADDRESS STREET ADDRESS BESSEMER AL HOOVER, AL 35226 3.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Maddition DELETE 4 1 11111 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-ZIF CITY - ST - ZIP ☐ Change Add tion DELETE 5 1 Tiffet TITLE 5.2 NAM: NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P CITY-ST-ZIP Change DELETE Addition 6 : TITLE TITLE 6.2 NAMI. NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY - ST - ZIP

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)(k). 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 12 or Block 13 or on an appear with an Artheress.

SIGNATURE: Y

CITY-ST-ZIP

N. DI GNING OFFICER OR DIRECTOR PETER DICHIARA PRESIDENT 3-7-96

(205)945 - 7120

(12/95)CR2E034