FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # F0000000976 1. Entity Name K.E.S. GROCERY, INC. 04-17-2001 90114 018 ***158.75 Principal Place of Business Mailing Address 120 INDUSTRIAL DRIVE 120 INDUSTRIAL DRIVE SIKESTON MO 63801 SIKESTON MO 63801 2. Principal Place of Business 3. Mailing Address 330 N. Kinashiahwa 330 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-1878354 a pe Girardeau MO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required oırard*eau* <u>Ocrardeau</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City ! Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE **PSD** Delete TITLE NAME STOREY, KENNETH E NAME 1330 N. Kingshighway STREET ADDRÉSS STREET ADDRESS 120 INDUSTRIAL DRIVE Cape Girardeau. MO 63701 CITY-ST-ZIP CITY-ST-ZIP SIKESTON MO 63801 ☐ Delete TITLE TITLE Hollie J. Overstreet NAME NAME 1330 N. Kingshighuay STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cape Girardeau mo 63701 CITY-ST-ZIP Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ← Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 trusteey empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.