

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**

2008 DEC 10 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F07000003627**

1. Entity Name  
COM-PAC FOOD STORES, INC.



Principal Place of Business  
1503 N. TIBBS ROAD  
DALTON, GA 30720

Mailing Address  
1503 N. TIBBS ROAD  
DALTON, GA 30720

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222008

Chg-P

CR2E034 (12/06)

4. FEI Number  
62-1771591

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DAVIDSON, BARRY  
HUNTON & WILLIAMS  
1111 BRICKELL AVENUE  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete  
NAME TURNER, SAMUEL D  
STREET ADDRESS 1503 N. TIBBS ROAD  
CITY-ST-ZIP DALTON, GA 30720

TITLE VSD ☐ Delete  
NAME TURNER, JOSEPH F  
STREET ADDRESS 1503 N. TIBBS ROAD  
CITY-ST-ZIP DALTON, GA 30720

TITLE D ☒ Delete  
NAME TURNER, MILTON A  
STREET ADDRESS SUITE 200, 500 HENLEY STREET  
CITY-ST-ZIP KNOXVILLE, TN 37902

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800139041418  
CITY-ST-ZIP 12/16/08--01008--016 \*\*\$1.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Samuel D. Turner Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-08 (800)634-2944  
Date Daytime Phone #