FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F14898** **(3)**

1. Corporation Name

BOB & TOD'S MARKET, INC.

Principal Place of Business

% CLARA ADDISON
2911 OKEECHOBEE ROAD
FT. PIERCE FL 34947-1614

Mailing Address

% CLARA ADDISON
2911 OKEECHOBEE ROAD
FT. PIERCE FL 34947-1614

3. Date Incorporated or Qualified: **01/14/1981**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-2048936** ☐ 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

2. Principal Place of Business

21
Suite, Apt. # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ADDISON, CLARA
2911 OKEECHOBEE ROAD
FORT PIERCE, FLORIDA
34947

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 Section 607.0502 and 607.1905, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ADDISON, CLARA		12 NAME	
STREET ADDRESS	2405 ROYAL PALM DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ADDISON, SYLVIA		22 NAME	
STREET ADDRESS	2500 LAZY HAMMOCK LN		23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ADDISON, MICHAEL		32 NAME	
STREET ADDRESS	1904 ZEPHYR AVE		33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete and accurate. I further certify that the information indicated on this 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 attached sheet with an address.

SIGNATURE: Sylvia Addison 7 Mar 28, 1996 (407) 461-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Sylvia Addison

CR2E034 (12/95)