

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90200 032 \*\*\*150.00

140021

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F19330**

1. Corporation Name  
**RIFE'S MARKET, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2401 13TH STREET ST CLOUD FL 34769	Mailing Address 2401 13TH STREET ST CLOUD FL 34769
--	--

3. Date Incorporated or Qualified <b>02/01/1981</b>
4. FEI Number <input checked="" type="checkbox"/> Applied For <b>59-2065479</b> <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

**DANLEY, RICHARD D**  
**3501 13TH ST.**  
**ST. CLOUD FL 34769**

10. Name and Address of New Registered Agent

81 Name **Johnnie E Rife**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2401 13th Street**  
 83  
 84 City **St Cloud** FL 85 Zip Code **34769**

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 Johnnie E Rife (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered agent signature required when reinstating)  
 DATE 1-18-99

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	RIFE, JOHNNIE E	
STREET ADDRESS	251 N.E. LAKESHORE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIFE, JOHNNIE E	
STREET ADDRESS	251 N.E. LAKESHORE DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIFE, KENNETH E.	
STREET ADDRESS	1501 DAKOTA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOGUS, PATRICIA S(AST V)	
STREET ADDRESS	1859 KING EDWARDS DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SWITZER, SHARON (AST V)	
STREET ADDRESS	1501 DAKOTA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Johnnie E Rife (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)  
 DATE: 1-18-99  
 DAYTIME PHONE #: 407-892-2174

CR2E034 (11/98)