

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F47373** (8)

1. Corporation Name

PIPELINE FOOD STORES, INC.



Principal Place of Business

Mailing Address

42 SLEEPY HOLLOW RD.
P.O. BOX 8
DOCTORS INLET FL 32030

42 SLEEPY HOLLOW RD.
P.O. BOX 8
DOCTORS INLET FL 32030

3. Date Incorporated or Qualified 09/29/1981	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2128570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, M. RICHARD JR.
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32201

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, GEORGE H.	1.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, GEORGE H., JR.	2.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL	2.4 CITY-ST-ZIP	
TITLE	VST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYRICK, PETER T.	3.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL	3.4 CITY-ST-ZIP	
TITLE	VP + CONTROLLER	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAWNEY, TONY	4.2 NAME	
STREET ADDRESS	SAME AS ABOVE	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSCIUSKO I, MARLYN	5.2 NAME	
STREET ADDRESS	SAME AS ABOVE	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	REVENUE DIV. MGR	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDER, STEVE	6.2 NAME	
STREET ADDRESS	SAME AS ABOVE	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Daytime Phone #

CR2E034 (12/95)