

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47373

1. Corporation Name

PIPELINE FOOD STORES, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90135 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1981

4. FEI Number

59-2128570

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Smith Hulsey & Busey

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

225 Water Street, Suite 1800

83

84 City

Jacksonville

FL

85 Zip Code

32202

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

By: *Richard Lewis Jr.*

Richard Lewis Jr. Vice-President

DATE

March 17, 1999

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | CP | <input type="checkbox"/> DELETE |
| NAME | ASHBY, GEORGE H., JR. | |
| STREET ADDRESS | 42 SLEEPY HOLLOW ROAD | |
| CITY-ST-ZIP | DOCTORS INLET FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | EYRICK, PETER T. | |
| STREET ADDRESS | 42 SLEEPY HOLLOW RD. | |
| CITY-ST-ZIP | DOCTORS INLET FL | |
| TITLE | VPC | <input type="checkbox"/> DELETE |
| NAME | GAINEY, TONI | |
| STREET ADDRESS | 42 SLEEPY HOLLOW RD | |
| CITY-ST-ZIP | DOCTORS INLET FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KOSCIANSKI, MARILYN | |
| STREET ADDRESS | 42 SLEEPY HOLLOW RD | |
| CITY-ST-ZIP | DOCTORS INLET FL | |
| TITLE | DM | <input type="checkbox"/> DELETE |
| NAME | BENDER, STEVE | |
| STREET ADDRESS | 42 SLEEPY HOLLOW RD | |
| CITY-ST-ZIP | DOCTORS INLET 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:

Richard Lewis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/99

Daytime Phone #

CR2E034 (11/98)

001893