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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # EAR1

**/5**\

## **FILED** May 02 1997 8:00am Secretary of State

Corporation Name  DOBSON T. GROCERY, INC.  Incipal Place of Business O THOMAS J. DOBSON 99 N.W. 22ND AVENUE AMI FL 33142  MIAMI FL 33142  MIAMI FL 33142  O THOMAS J. DOBSON 4999 N.W. 22ND AVENUE MIAMI FL 331424065									
						3. Date Incorporated or Qualified 09/15/1981		ate of Last F 101/1996	Report
Principal P	Prace of Business	F	ing Address		······································	4, FEI Number 59-2119938	<del></del>	<del> </del>	oplied For
Suite, Apt	#. etc.	26 Suite	a, Apt. #, etc.				••	<del></del>	ot Applicable Additional
		27				5. Certificate of Status Desired	×		equired
City & Stati	e	ķ,	& State			6. Election Campaign Financing			May Be
Zip	Country	28     Zip		Countr	ry	Trust Fund Contribution  8. This corporation has liability for			to Fees 199.032.
	25	29		30		Florida Statutes	Yes	] No	
	9, Name and Address of Cu	irrent Registered	Agent	81	1 Name	10, Name and Address of New Ro	glatered	Agent	
	omas J. Dobson 9 n.w. 22nd avenue	•							
	9 14.47. 2211D AVERIOE MI FL 33142			82	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
•				83	3	· · · · · · · · · · · · · · · · · · ·			
				84	4 City		F= 1	<b>85</b> Zip	Code
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office or n	an familiar with, and accept the c	obligations of Sec	uch change was tion 607.0505. Fl	authorized b orida Statute	by the corpora	ation's board of directors. I hereby acce	ibi ine abi		
SNATURE	Stgnature, typed or proted name of registere	ed agent and tille if appli	cable. (NOI	IE. Registered Ar		rporation submits this statement for the ation's board of directors, I hereby acceured when reinstang)	DATE		
SNATURE	Stgnature, typed or proted name of registere		cable. (NOI		gent signature requ		DATE		RS IN 12
SNATURE E	Signature typed or prefed name of registers  OFFICERS  PD  DOBSON, THOMAS J.	ed agent and tille if appli	cable. (NOI	E. Registered Ar	gent signature requ	uired when reinstating)	DATE	D DIRECTO	RS IN 12
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