## FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Feb 04, 2000 8:00 am DOCUMENT # F9300001363 Secretary of State FOOD GIANT SUPERMARKETS OF ARKANSAS, INC. 02-04-2000 90029 001 \*\*\*600.00 Mailing Address Principal Place of Business 120 INDUSTRIAL DRIVE 120 INDUSTRIAL DRIVE SIKESTON MO 63801 SIKESTON MO 63801-5216 I = 3001033. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 74-2243329 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Defete TITLE STOREY, KENNETH E NAME NAME STREET ADDRESS 22 GREEN MEADOWS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIDKESTON MO ST ☐ Delete ☐ Change ☐ Addition TITLE TITLE WATKINS, RONNIE J NAME NAME STREET ADDRESS STREET ADDRESS 1208 SALCEDO CITY-ST-ZIP CITY-ST-ZIP SIDKESTON MO CD Change TITLE ☐ Delete TITLE ☐ Addition STOREY, KENNETH E NAME NAME STREET ADDRESS STREET ADDRESS 22 GREEN MEADOWS CITY-ST-ZIP CITY-ST-7IP SIDKESTON MO Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1-6-00

573-471-3500

☐ Change

☐ Addition

Daytime Phone #