SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## FILED Jul 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)GATOR FOOD STORES, INC. Principal Place of Business Mailing Address % O. KEITH AVERY % O. KEITH AVERY 607 S. ALEXANDER ST 607 S. ALEXANDER ST. PLANT CITY FL 33566-5009 PLANT CITY FL 33566-5009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For NOT APPLICABLE 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AVERY, Q. KEITH 607 S. ALEXANDER ST. 82 Street Address (P.O. Box Number is Not Acceptable) PLANT OTY FL 84 City 85 Zip Code FL 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ŊΡ TITLE 1.1 TITLE Change . Addition DELETE ROBINSON, HUGH C. III NAME 12 NAME 2713 FORREST CLUB DR. STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL CITY-\$1-ZIP 1.4 CITY-ST-ZIP TITLE 21 Title DELETE Change Addition ROBINSON, CAROL M. NAME 22 NAME 2713 FORREST CLUB DR. STREET ADORESS 2.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME SMITH, CAROLYN R 3.2 NAME 3060 TANNAGER LANE EAST STREET ADDRESS 3.3 STREET ADDRESS **NEWBERRY FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE L Change \_\_ Addition NAME STILLINGS, ROBERT 4.2 NAME 2204 PARKVIEW DR. 4.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition

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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CICNATIIDE:

NAME

STREET ADDRESS CITY-ST-ZIP

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CR2E034 (5/98)