

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H51573**

(4)

1. Corporation Name  
**OWL FOOD STORES, INC.**



Principal Place of Business <b>21362 OVERSEAS HWY SUMMERLAND KEY FL 33042 US</b>	Mailing Address <b>21362 OVERSEAS HWY SUMMERLAND KEY FL 33042 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Name and Address of Current Registered Agent

**BAPTISTA, NORMAN  
20985 8TH AVENUE, WEST  
SUMMERLAND KEY FL 33042**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

**04/10/1985**

4. FEI Number

**59-2519126**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BAPTISTA, NORMAN</b>	
STREET ADDRESS	<b>20985 8TH AVENUE, W</b>	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>BAPTISTA, CAROLE</b>	
STREET ADDRESS	<b>20985 8TH AVENUE, W</b>	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

**200002602132**  
**-07/30/98--01003--045**  
**\*\*\*150.00**

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.

SIGNATURE:

*Carole A. Baptista*

*6/30/98*

*305-745-2528*

CR2E034 (5/98)

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OWL FOOD STORES INC.  
21362 OVERSEAS HWY  
CUDJOE KEY FL 33042  
305 745 2528

Florida Dept of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: REF #H51573  
LETTER #298A00036858


Dear Ms Mortham:

On July 1, 1998 I received the Second Notice concerning the filing of Annual Report. I called Tallahassee and was told to send the payment immediately with a letter to the effect that I had never received the first notice. I did this immediately and mailed it with the payment that day. Today the check was returned.

I have never been late with this since the incorporation in 1985. This past year I was diagnosed with cancer and had 8 months of chemotherapy and 28 radiation treatments due to this I was not always aware of things that I would normally have noticed that were not received. All mail was put aside for me however so I can be quite sure that the form was not received.

I am asking for consideration in waiving the penalty due to these circumstances.

Thank you

  
Carole A. Baptista  
Secretary Treasurer