

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H54026** (0)
1. Corporation Name

MCNITT FOOD MART, INC.



Principal Place of Business
**3321 44TH AVE. WEST
BRADENTON FL 34207**

Mailing Address
**3321 44TH AVE. WEST
BRADENTON FL 34207**

3. Date Incorporated or Qualified **04/26/1985** 3a. Date of Last Report **01/26/1995**
4. FEI Number **59-2520155** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 26 27 28 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

**MCNITT, BUDDY
5755 FORESTER OAK CT.
SARASOTA FL 34243**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 the applicable

(the) (the) Registered Agent signature required when applicable

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	P	☐ DELETE
NAME	MCNITT, BUDDY G.	
STREET ADDRESS	5755 FORESTER OAK CT.	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE	VP	☐ DELETE
NAME	MCNITT, JOHN M.	
STREET ADDRESS	160 ST. LUCIE AVE.	
CITY - ST - ZIP	SARASOTA FL	
TITLE	S	☐ DELETE
NAME	MCNITT, CAROL	
STREET ADDRESS	5755 FORESTER OAK CT.	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE	T	☐ DELETE
NAME	MCNITT, MARY	
STREET ADDRESS	160 ST. LUCIE AVE.	
CITY - ST - ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		☐ Change ☐ Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		☐ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1996 748-7791