2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # H71355** FOUR WINDS FINE FOOD MARKET, INC. 01-25-2000 90123 046 ***150.00 Principal Place of Business Mailing Address % AFIF Y. TARABAY % AFIF Y, TARABAY 6895-F NORTH NINTH AVENUE 6895-F NORTH NINTH AVENUE 80007355 PENSACOLA FL 32504-7356 PENSACOLA FL 32504-7356 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. & State 4. FEI Number Applied For 59-2583139 a col Not Appli \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Name -TARABAY, AFIF Y. Street Address (P.O. Box Number is Not Acceptable) 6895-F NORTH NINTH AVENUE PENSACOLA FL 32504 Zip Code this state ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity set SIGNATURE title if app 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 12. 11. ☐ Delete ☐ Change * 444.5.4 TITLE TITLE TARABAY, AFIF NAME NAME 2968 CORAL STRIP PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GULF BREEZE FL 32561-4151** □ Delete ☐ Change ☐ Addition TITLE TITLE TARABAY, NANCY W. NAME NAME 2968 CORAL STRIP PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GULF BREEZE FL 32561-4151 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fir trusted 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. SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR