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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J12570 (4)

1. Corporation Name  
MCGRAW'S WHOLESALE FOOD CO., INC.



Principal Place of Business

3200 N "G" ST.  
P O BOX 17132  
PENSACOLA FL 32522

Mailing Address

3200 N "G" ST.  
P O BOX 17132  
PENSACOLA FL 32522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1986

4. FEI Number

59-2680224

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

2. Principal Place of Business

21 3930 Hollywood Ave

Suite, Apt. #, etc.

22 P.O. Box 17132

City & State

23 Pensacola, FL

Zip

24 32522

Country

25 U.S.A.

2a. Mailing Address

26 3930 Hollywood Ave

Suite, Apt. #, etc.

27 P.O. Box 17132

City & State

28 Pensacola, FL

Zip

29 32522

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

JOHNSON, HARLEN  
9771 SCENIC HWY  
PENSACOLA FL 32514

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☒ DELETE

NAME MITCHELL, JAMES A.  
STREET ADDRESS 3200 NORTH "G" ST.  
CITY-ST-ZIP PENSACOLA FL

TITLE PTD ☐ DELETE

NAME JOHNSON, HARLEN  
STREET ADDRESS 9771 SCENIC HWY  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Lawrence, Ralph  
1.3 STREET ADDRESS 3930 Hollywood Ave  
1.4 CITY-ST-ZIP Pensacola, FL 32505

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in an attachment with a name change.

SIGNATURE

*[Signature]*

4/12-62 (002) 422 2722

CR2E034 (10/97)