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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

CC 4/1 Y-1 AM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90925

(4)

1. Corporation Name

BOBBI'S VILLAGE MARKET, INC.

Principal Place of Business

**6315 6TH ST
VERO BCH FL 32968**

Mailing Address

**6315 6TH ST
VERO BCH FL 32968**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business

21

2a. Mailing Address

26

Route, Apt. # etc

22

Route, Apt. # etc

27

City & State

23

City & State

28

Zip

24

Zip

29

County

County

30

3. Date Incorporated or Organized 3b. Date of Last Report
05/25/1989 **05/01/1994**

4. EIN number Applied For
65-0134326 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

7. The corporation has liability for estimated tax under § 199 (032)
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BURDICK, FRANK R.
6315 6TH ST
VERO BCH FL 32968**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 Zip Code**

11. Pursuant to the provisions of Sections 607.004 and 607.1095, Florida Statutes, the above named corporation submits the 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 607.004, Florida Statutes.

SIGNATURE

Barbara D. Burdick, Secretary of State, Florida Department of State, Tallahassee, Florida

4/27/95

5/1

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Officer	PO	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, BARBARA D. 6315 6TH ST VERO BCH FL	2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
Officer	STD	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, FRANK R. 6315 6TH ST VERO BCH FL	6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
Officer		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
Officer		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
Officer		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 199 (032), Florida Statutes. I further certify that the information reported 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 no address.

SIGNATURE: *Barbara D. Burdick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407-178-0716