

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 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 # L06120 (4)

1. Corporation Name
P & E GROCERY, INC.



Principal Place of Business 6280 HWY 710 EAST OKEECHOBEE FL 34974	Mailing Address PO BOX 823 OKEECHOBEE FL 34973
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1989	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0139477	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
METZGER, URSULA 509 SW 2 AVE OKEECHOBEE FL 34974			81 Name	Valerie Lewis / McAlpin Cavalcanti, + Lewis	
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 City	405 NW 4th Ave.	
			84 City	Okeechobee	85 Zip Code FL 34973-0578

11. Pursuant to the provisions of Sections 607.0507 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]* DATE: **3-1-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	GRAY, PAUL L.	1.2 NAME	Gena L. DAVIS
STREET ADDRESS	6280 HWY 710 EAST	1.3 STREET ADDRESS	6350 HWY 710 E
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	D	2.1 TITLE	Sect./Treas.
NAME	GRAY, ETTA M.	2.2 NAME	Albert H. DAVIS
STREET ADDRESS	6280 HWY 710 EAST	2.3 STREET ADDRESS	6350 Hwy 710 E
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	Okeechobee, FL 34974
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2-21-98** **9A-763-7464**

CP2E034 (10/97)