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

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

605 FUSSELL RD

POLK CITY FL 33868



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L09707

(5)

605 FUSSELL RD

POLK CITY FL 33968-9628

ROY FUDGE DISCOUNT GROCERIES, INC.

Mailing Address

**FILED** Mar 28 1997 8:00am Secretary of State



									3. Date Incorporated or Qualified   3a. Date of Last Report   08/17/1989   04/23/1996				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ap	plied For	
21				26				1	59-2957211		No	t Applicable	
Sule, Apt. #, elc				Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.75		
22				27					O CONTROL OF ORDER DESIRED		Fee Re	quired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
23				(28)					Trust Fund Contribution				
76) ∵∷1	harman ha					Country	This corporation has hability for little lightle tax order 5. 15.				199.032,		
9. Name and Address of Current Registered Agent						30	Florida Statutes Yes No  10. Name and Address of New Registered Agent						
LAT			· ourront rog	alorda Ago		81	Name		10. Halle and Address of New Fig.	Aletaion V	10111		
HAZEN, GEORGE, H 103 W PARK ST AUBURNDALE FL 33823													
							82 Street Address (P.O. Box Number is Not Acceptable)						
7100		. 2 30010				83							
						84	<u></u>						
							City			FI	85 Zip (	Code	
office or r agent. La	eg stered ag	ions of Sections ent, or both, in t th, and accept t	he State of Floi	rida. Such el	hange was a	uthorized by	the corp	l corpor poration	ration submits this statement for the poly board of directors. I hereby accepts	ourpose of c pt the appoi	hanging it ntment as	s registered registered	
SIGNATURE	Signature, typed	or per lug ran e of reg	ustered agent and fil	le 1 appicable.	(NOT	Registered Age	ent signature	beguired	when reinstating)	DATE		<del></del>	
12.		OFFIC	ERS AND DIRE	CTORS		13,		<del></del> -	ADDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTOR	S IN 12	
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NAME				_		5.2 NAME					**		
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City - St - ZIP						5.4 CITY-5		1					
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NAME						6.2 NAME					•		
STREET AUDRESS I						6.3 STREET	ADDRESS						
CITY - ST - ZIP						6.4 CITY-5		<u> </u>					
14. I do herel	by certify that	the information	supplied with	this filing od	es not qualit	y for the exe	mption s	stated in	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega	s. I further o	ertify that	the	
Lam an o	fficer or dire	of this annual re clor of the corpo v Block 13 if che	ration or the re	ceiver or tru	stee empow	ered to exec	cute this	report a	as required by Chapter 607, Florida	Statutes; and	i that my r	iame iame	