

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L17267** (0)

1. Corporation Name

**MOE SINGER'S HEALTH FOOD CENTER, INC.**



Principal Place of Business

**C/O BARBARA A. MCCONNELL  
6531 54TH AVENUE  
ST. PETERSBURG FL 33709**

Mailing Address

**C/O BARBARA A. MCCONNELL  
6531 54TH AVENUE  
ST. PETERSBURG FL 33709**

2. Principal Place of Business

2a. Mailing Address

21 *Same* 26 *Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/18/1989**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2969004**

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MCCONNELL, BARBARA A.  
6531 54TH AVENUE  
ST. PETERSBURG FL 33709**

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

12.1 TITLE **OP** ☐ DELETE  
12.2 NAME **MCCONNELL, BARBARA A.**  
12.3 STREET ADDRESS **6573 27TH WAY, NORTH**  
12.4 CITY - ST - ZIP **ST. PETERSBURG FL**

12.5 TITLE ☐ DELETE  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY - ST - ZIP

12.9 TITLE ☐ DELETE  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY - ST - ZIP

12.13 TITLE ☐ DELETE  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 CITY - ST - ZIP

12.17 TITLE ☐ DELETE  
12.18 NAME  
12.19 STREET ADDRESS  
12.20 CITY - ST - ZIP

12.21 TITLE ☐ DELETE  
12.22 NAME  
12.23 STREET ADDRESS  
12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 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 119.07(3)(k), 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:

*Barbara A. McConnell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

813-544-5060

CR2E034 (12/95)