## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT **CORPORATION** ANNUAL HER SPI



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36836

SIGNATURE, SISPLYAL T MASON

MASON'S MARKET, INC.

1**9**97 •

SECRETARY OF STATE TALLAHASSEE, FLORIDA

98 MAR 16 PH 1:03

|   |   | 91   |                                       | 18           |  |
|---|---|--|---------------------------------------|--------------|--|
| Principal Place                           | e of Business   | Mailing Address  |                                       |              | I INDIKON DON TUTTA DITAT TOTON TITLE ONLI DIBN DIBN BIBN BIBN BIBN BIBN BIBN BIB  |
| 1ST AVENUE<br>STEINHATCHEE FL 32359<br>US |   | P.O. BOX 718<br>STEINHATCHEE FL 32359  | P.O. BOX 718<br>STEINHATCHEE FL 32359 |              | DO NOT WRITE IN THIS SPACE   |
| •   |   |  |                                       |              | 3. Date Incorporated or Qualified   3a. Date of Last Report  |
|   |   |  |                                       |              | 12/18/1989 05/01/1996  |
| 2. Principal P                            | lace of Business  | 2a, Mailing Address  |                                       |              | 4. FEI Number Applied For  |
| 21  |   | 26   |                                       |              | 59-2986210 Not Applicable  |
| Suite, Apt.                               | #, etc.   | Suite, Apt. #, etc.  |                                       |              | 5. Certificate of Status Desired   |
| City & State                              | e   | City & State   |                                       |              | 6. Election Campaign Financing \$5.00 May Be   |
| 23  |   | 28   |                                       |              | Trust Fund Contribution Added to Fees  |
| Zip                                       | Country   | Zip  | Counti                                | У            | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25  |  | 30                                    |              | Personal Property Tax due June 30. 🔲 Yes 🔲 No  |
| <u> </u>                                  | 9. Name and Address of Curr   | ent Registered Agent   |                                       | .1           | 10. Name and Address of New Registered Agent   |
|   | ison, verlyn t.   |  | 8.                                    | Name         | Same-  |
|   | ) <b>Gr</b> anger Dr.   |  | 8                                     | 2 Street A   | Address (P.O. Box Number is Not Acceptable)  |
| STEINHATCHEE FL 32359                     |   |  |                                       |              | 900002461940   |
|   |   |  | 83                                    | 3            |  |
|   |   |  | 84                                    | \$ City      | -03/18/98 01 11 =- 01 5<br>Zip Code  |
|   |   |  |                                       | ,            | ####71C /IFL ####71C nn  |
| 11. Pursuant to                           | to the provisions of Sections 607.0  egistered agent, or both, in the Sta | 502 and 607.1508, Florida Statute<br>ale of Florida, Such change was all<br>inglions of Section 607.0505, Flor | s, the about                          | ve-named o   | corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE                                 | Signature of ed or proted name of agreemed                                | VER.   | <b></b> とタルー                          | <b>7</b> .   | m A S g V 3 - 5 - 9 V Oguired when reinstating)  DATE  |
| 12.                                       | OFFICERS A  | ND DIRECTORS 1   | 13.                                   | -            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                                     | OP .  | DELETE   | 1.1 TITLE                             |              | Pras. Dent & Jantany Change Addition   |
| NAME                                      | MASON, JOE  | - 1  | 1.2 NAME                              |              | NULLYN T. MASON  |
| STREET ADDRESS                            | 200 GRANGER DR.   |  | 1.3 STREE                             | T ADDRESS    | PO BOR 718   |
| CITY-ST-ZIP                               | STEINHATCHEE FL   |  | 1.4 CITY-                             | ſ            | Steinhatiles Hu 32359  |
| TITLE                                     | DVS   | ☐ DELETE   | 2.1 TITLE                             |              | Vice President Bhange / Addition   |
| NAME                                      | MASON, VERLYN T.  |  | 2.2 NAME                              |              | QuittREY Kasher  |
| STREET ADDRESS                            | 200 GRANGER DR.   |  | 2.3 STREE                             |              | Po 300 718   |
| CITY-ST-ZIP                               | STEINHATCHEE FL   |  | 2. 4 CITY-                            | 1            | Charlette M. 32359 \ WIT   |
| TITLE                                     |   | DELETE   | 3.1 TITLE                             |              | Grange Addition  |
| NAME                                      |   |  | 3.2 NAME                              |              | DEDRA MASON  |
| STREET ADDRESS                            |   |  | J                                     | T ADDRESS    |  |
| CITY-ST-ZIP                               |   |  | 3.4. CITY                             | 1            | Pa 20 4 718"   |
| TITLE                                     |   | DELETE   | 4.1 TITLE                             | 31-217       | Change Addition  |
| NAME                                      |   | المالين المالين  | 4.2 NAM                               | .            | - Change - Notified  |
| STREET ADDRESS                            |   |  |                                       | T ADDRESS    |  |
|   |   |  |                                       |              |  |
| CITY-ST-ZIP<br>TITLE                      |   | DELETE   | 4.4 CITY -<br>5.1 TITLE               | 31-48        | Change Addition  |
| - 1                                       |   | ניין מיננונ  | 1                                     | 1            | Orienge Addition   |
| NAME                                      |   |  | 5.2 NAME                              | 1            | 1: 11am  |
| STREET ADDRESS                            |   |  | 1                                     | T ADDRESS    | u. w. lax  |
| CAY-SI-ZIP                                |   | Tociette   | 5 4 CITY-                             | ST-ZIP       |  |
| TIPLE                                     |   | L] DELETE  | 6.1 TITLE                             |              | "    Change □ Addition   |
| NAME                                      |   |  | 6.2 NAME                              | }            | ı  |
| STREET ADDRESS                            |   |  | 6.3 STREE                             | T ADDRESS    |  |
| CITY-\$T-ZIP                              |   |  | 6.4 CITY-                             |              |  |
|   |   |  |                                       |              | lated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that |
| I am an of                                | ficer or director of the corporation                                      | or the receiver or trustee empowe  | red to exe                            | cute this re | eport 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 addr   | ess.                                  | , ,          | 3524990435   |
|   |   |  |                                       |              |  |

Py.2012

MAJONS MARKET 2C Po Box 718 Heinhardhe Hu 32359 3-5-98

- DIVISION of Garbanisms

The Dept of State

Yallahassee the 32302-1500

Enclosed are filings for 2 years and check, I do

not Know what Status is on how much I owe,

my husdand was very ill and Passed away on

12/96 with common. I had sowned heart attack,

Surjuly and freumonia. I have been so ill I

did not Know what was grown on.

I am now better and trying to get

my affairs Statist,

Please call me at 312 498 3028 on 498 9435 The

on write and let me know Balone the.

It there is any provinte help. S. Compaction

Thank your
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