


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

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90005 030 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L78964** ✓

1. Corporation Name
CROSSROADS GROCERY, INC.



Principal Place of Business RT. 2 BOX 60 HAWTHORNE FL 32640 6926 N.E. Hwy 301 Hawthorne, FL 32640	Mailing Address RT. 2 BOX 60 HAWTHORNE FL 32640 6926 N.E. Hwy 301 Hawthorne, FL 32640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6926 N.E. Hwy 301 Suite, Apt. #, etc. 22 City & State 23 Hawthorne, FL Zip 24 32640 Country 25 USA	2a. Mailing Address 26 6926 N.E. Hwy 301 Suite, Apt. #, etc. 27 City & State 28 Hawthorne, FL Zip 29 32640 Country 30 USA
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3. Date Incorporated or Qualified 06/06/1990	Applied For Not Applicable
4. FEI Number 59-3009707	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ADKINS, NORMAN P. RT. 2 BOX 60 HAWTHORNE FL 32640	10. Name and Address of New Registered Agent 81. Name Adkins, Norman P. 82. Street Address (P.O. Box Number is Not Acceptable) 83. 6926 N.E. Hwy 301 84. City Hawthorne 85. Zip Code FL 32640
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, NORMAN P.	1.2 NAME	
STREET ADDRESS	RT. 1 BOX 330	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

Norman P. Adkins **4-26-99** **352-4682416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)