

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # L93621 (5)
1. Corporation Name
AVENUE B. SUPERMARKET, INC.

Principal Place of Business	Mailing Address
5673 AVENUE B JACKSONVILLE, FL. 32209 32209	5673 AVENUE B JACKSONVILLE, FL. 32209 32209-2677

3. Date Incorporated or Qualified 08/13/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3024139	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	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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 re-installing)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition		
NAME	ESSA, GEORGE		1.2 NAME				
STREET ADDRESS	8739 BAKERSFIELD DR		1.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP				
TITLE		☐ DELETE	2.1 TITLE	☐ Change	☐ Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY - ST - ZIP			2.4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Local

Disputes in 1987

CP2E034 (9/96)