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 # **M81181** **(3)**

1. Corporation Name

ISLAND FOOD STORES, INC.

Principal Place of Business	Mailing Address
9551 BAYMEADOWS RD #5 JACKSONVILLE FL 32256 US	C/O SMITH HULSEY & BUSEY 225 WATER STREET JACKSONVILLE FL 32202

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

3. Date Incorporated or Qualified: **05/17/1988**	3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-2891342**	☐ 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	

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	STOKES, E. CHESTER, JR.		12 NAME	9551 Baymeadows Road #5	
STREET ADDRESS	~~9551 BAYMEADOWS ROAD #19~~		13 STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		14 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	BERGMANN, THOMAS C.		22 NAME	9551 Baymeadows Road #5	
STREET ADDRESS	~~9551 BAYMEADOWS ROAD #19~~		23 STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	SCHWIND, WILLIAM G.		32 NAME	9551 Baymeadows Road #5	
STREET ADDRESS	~~9551 BAYMEADOWS ROAD #19~~		33 STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		34 CITY-ST-ZIP		
TITLE	~~V~~	☐ DELETE	41 TITLE	VD	☒ Change ☐ Addition
NAME	ST. CLAIR, DAVID A.		42 NAME	9551 Baymeadows Road #5	
STREET ADDRESS	~~9551 BAYMEADOWS ROAD #19~~		43 STREET ADDRESS	Jacksonville, FL 32256	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ William G. Schwind (904) 730-2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #