

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M98350** (5)

1. Corporation Name

ST. ARMANDS BAKERY & DELICATESSEN, INC.

Principal Place of Business

**7474 GULF BLVD.
UNIT A
ST. PETERSBURG BEACH FL 33706
US**

Mailing Address

**7474 GULF BLVD.
UNIT A
ST. PETERSBURG BEACH FL 33706
US**



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

g. Name and Address of Current Registered Agent

**STANTON, SHULTEZ C
26750 US 19 W. STE. 320
SUITE A
CLEARWATER FL 34621**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/14/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2909514

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

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 of the person who is the president or chief executive officer

Printed Name of the person who is the president or chief executive officer

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
DP	BERGLES, ANTON	7474 GULF BLVD. UNIT B	ST. PETE. BEACH FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
3. TITLE	3. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-STATE-ZIP	☐	☐
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-STATE-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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARR. 26/96

813-560-8953

CR2E034 (12/95)