

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.  
 AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED  
AND  
FILED

1997 JUL -1 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M98680 (3)

1. Corporation Name  
1997 JD Food Mart, Inc.

Mailing Address Principal Place of Business  
 P.O. Box 843 414 Pine Ave.  
 Anna Maria, Fl 34216 Anna Maria, Fl.  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

|                     |  |                                 |  |  |                         |
|---------------------|--|---------------------------------|--|--|-------------------------|
| 2. Mailing Address  |  | 2a. Principal Place of Business |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report |
| 21                  |  | 26                              |  | 9/15/88  | 1996                    |
| Suite, Apt. #, etc. |  | Suite, Apt. #, etc.             |  | 4. FEI Number  | Applied For             |
|                     |  |                                 |  | 65-0099062   | Not Applicable          |
| 22 City & State     |  | 27 City & State                 |  | 5. Certificate of Status Desired   |                         |
|                     |  |                                 |  | \$8.75 Additional Fee Required <input type="checkbox"/>  |                         |
| 23 Zip              |  | 28 Zip                          |  | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>   |                         |
|                     |  |                                 |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| 24 Country          |  | 29 Country                      |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |                         |
|                     |  |                                 |  | \$5.00 May Be Added to Fees  |                         |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| Jay D Jackson<br>2016 91st Street N.W.<br>Bradenton, Fl. 34209 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes

SIGNATURE Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-registering DATE

|                            |                       |                    |  |   |  |                    |  |
|----------------------------|-----------------------|--------------------|--|---|--|--------------------|--|
| 12. OFFICERS AND DIRECTORS |                       |                    |  | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                    |  |
| 11 TITLE                   | DP                    | 11 TITLE           |  | 11 TITLE                                    |  | 11 TITLE           |  |
| 12 NAME                    | Jackson, Jay D.       | 12 NAME            |  | 12 NAME                                     |  | 12 NAME            |  |
| 13 STREET ADDRESS          | 2016 91st St. N.W.    | 13 STREET ADDRESS  |  | 13 STREET ADDRESS                           |  | 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP         | Bradenton, FL 34209   | 14 CITY - ST - ZIP |  | 14 CITY - ST - ZIP                          |  | 14 CITY - ST - ZIP |  |
| 21 TITLE                   | DS                    | 21 TITLE           |  | 21 TITLE                                    |  | 21 TITLE           |  |
| 22 NAME                    | Jackson, Frances M.   | 22 NAME            |  | 22 NAME                                     |  | 22 NAME            |  |
| 23 STREET ADDRESS          | 2016 91st St. N.W.    | 23 STREET ADDRESS  |  | 23 STREET ADDRESS                           |  | 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP         | Bradenton, Fl. 34209  | 24 CITY - ST - ZIP |  | 24 CITY - ST - ZIP                          |  | 24 CITY - ST - ZIP |  |
| 31 TITLE                   | D                     | 31 TITLE           |  | 31 TITLE                                    |  | 31 TITLE           |  |
| 32 NAME                    | Williams, Jill M.     | 32 NAME            |  | 32 NAME                                     |  | 32 NAME            |  |
| 33 STREET ADDRESS          | 4424 19th St. Cir. W. | 33 STREET ADDRESS  |  | 33 STREET ADDRESS                           |  | 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP         | Bradento, Fl. 34205   | 34 CITY - ST - ZIP |  | 34 CITY - ST - ZIP                          |  | 34 CITY - ST - ZIP |  |
| 41 TITLE                   |                       | 41 TITLE           |  | 41 TITLE                                    |  | 41 TITLE           |  |
| 42 NAME                    |                       | 42 NAME            |  | 42 NAME                                     |  | 42 NAME            |  |
| 43 STREET ADDRESS          |                       | 43 STREET ADDRESS  |  | 43 STREET ADDRESS                           |  | 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP         |                       | 44 CITY - ST - ZIP |  | 44 CITY - ST - ZIP                          |  | 44 CITY - ST - ZIP |  |
| 51 TITLE                   |                       | 51 TITLE           |  | 51 TITLE                                    |  | 51 TITLE           |  |
| 52 NAME                    |                       | 52 NAME            |  | 52 NAME                                     |  | 52 NAME            |  |
| 53 STREET ADDRESS          |                       | 53 STREET ADDRESS  |  | 53 STREET ADDRESS                           |  | 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP         |                       | 54 CITY - ST - ZIP |  | 54 CITY - ST - ZIP                          |  | 54 CITY - ST - ZIP |  |
| 61 TITLE                   |                       | 61 TITLE           |  | 61 TITLE                                    |  | 61 TITLE           |  |
| 62 NAME                    |                       | 62 NAME            |  | 62 NAME                                     |  | 62 NAME            |  |
| 63 STREET ADDRESS          |                       | 63 STREET ADDRESS  |  | 63 STREET ADDRESS                           |  | 63 STREET ADDRESS  |  |
| 64 CITY - ST - ZIP         |                       | 64 CITY - ST - ZIP |  | 64 CITY - ST - ZIP                          |  | 64 CITY - ST - ZIP |  |

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 07/08/97 01065-005  
 \*\*\*\*165.00 \*\*\*\*165.00

*Handwritten signature*  
7/7/97

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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Handwritten signature* 6/23/97 941-778-0755  
 Signature typed or printed name of registered agent and title if applicable DATE