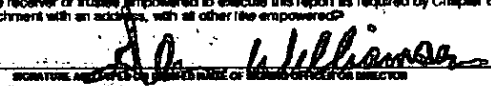


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90190 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000114405					
1. Entity Name WEG FOOD STORES, INC.					
Principal Place of Business 435 US HWY 90 WEST DEFUNDIAK SPRINGS, FL 32433			Mailing Address 435 US HWY 90 WEST DEFUNDIAK SPRINGS, FL 32433		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 62-1845689	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WELTON & WILLIAMSON, P.A. 1020 FERDON BLVD SOUTH CRESTVIEW, FL 32636				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent, and title if applicable. (NONE Registered Agent signature required when amending))					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	P. WILLIAMSON, GLEN	335 TWIN LAKE DRIVE	DEFUNDIAK SPRINGS, FL 32433	Change ☐ Addition ☐	
	ST WILLIAMSON, HILTON	377 COY ELLIS ROAD	DEFUNDIAK SPRINGS, FL 32433	Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
12. 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 report or supplemental 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 837, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other (see empowerment).					
SIGNATURE: 				5.14.03	
SIGNATURE AGENT OR PARTY IN NAME OF BOARD OFFICER OR DIRECTOR				Date	

90136015



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)