2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 023 ***150.00

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1. Entity Name
GARDNER'S SUPER MARKETS, INC. NO. 14

Principal Place of Business
3117 BIRD AVE.
MIAMI, FL 33133

Mailing Address
1 FINANCIAL PLAZA SUITE 1400
100 SE THIRD AVE
FORT LAUDERDALE, FL 33394

04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0540701
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PLOUCHA, L M ESQ
1 FINANCIAL PLAZA SUITE 1400
100 SE THIRD AVE
FORT LAUDERDALE, FL 33394

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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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARDNER, JOSEPH T
STREET ADDRESS	~~12374 SW 82ND AVE~~ 18001 OLD CUTLER RD. Ste#362
CITY-ST-ZIP	MIAMI, FL ~~33156~~ 33157
TITLE	DC
NAME	ADAMS, MAURICE D
STREET ADDRESS	~~12374 SW 82ND AVE~~ 18001 OLD CUTLER RD., Ste.#362
CITY-ST-ZIP	MIAMI, FL ~~33156~~ 33157
TITLE	DPST
NAME	ADAMS, ELIZABETH G
STREET ADDRESS	~~12374 SW 82ND AVE~~ 18001 OLD CUTLER RD., Ste. #362
CITY-ST-ZIP	MIAMI, FL ~~33156~~ 33157
TITLE	D
NAME	SCHWARTZ, LOUISE G
STREET ADDRESS	~~12374 SW 82ND AVE~~ 18001 OLD CUTLER RD., Ste. #362
CITY-ST-ZIP	MIAMI, FL ~~33156~~ 33157
TITLE	D
NAME	MAURICE G. ADAMS
STREET ADDRESS	18001 OLD CUTLER RD., Ste. #362
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 like empowered.

SIGNATURE: MAURICE G. ADAMS 4/27/02 305-271-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #