FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11930** **(5)**

1. Corporation Name

GROCERY MARKETING, INC.

Principal Place of Business	Mailing Address
8 EAST ATLANTIC AVE. DELRAY BCH. FL 33444 US	8 EAST ATLANTIV AVE. DELRAY BCH. FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1986**

3a. Date of Last Report: **06/23/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

24 / 25 / 29 / 30

4. FEI Number: **59-2727464** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1007 and 607.1008, 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 607.1008, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, Registered Agent must sign here.) (Date)

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	PD	01 Title	☐ Change ☐ Addition
02 Name	SCHUERING, ALAN	02 Name	
03 Street Address	8 EAST ATLANTIC AVE.	03 Street Address	
04 City, St, Zip	DELRAY BCH. FL	04 City, St, Zip	
05 Title	D	05 Title	☐ Change ☐ Addition
06 Name	SCHUERING, DARRENE	06 Name	
07 Street Address	8 EAST ATLANTIC AVE.	07 Street Address	
08 City, St, Zip	DELRAY BCH. FL	08 City, St, Zip	
09 Title		09 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I, the Director, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk (*), or my name is attached with an address.

SIGNATURE: Allen Schuering PRESIDENT 4/26/95 407-276-1811

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

0203214 CP