FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED Feb 03 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

02/26/1996

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DO(1. Corp H.B. PAULK GROCERY CO., INC. Principal Place of Business Mailing Address P.O. BOX 639 **OPP AL 36467** OPP AL 36467-0639 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & 23 24

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3. Date Incorporated or Qualified

5. Certificate of Status Desired

08/26/1987

63-0160937

4. FEI Number

City & State 23		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	25 29 30			ntry	Florida Statutes Yes No	_		
	9. Name and Address of Cu KE, STANLEY K.	irrent Hegistered Agent		81	10. Name and Address of New Registered Agent Name			
121 COURTHOUSE TERR CRESTVIEW FL 32536				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	83			
				84	84 City FL 85 Zip Code			
office or i	te the provisions of Sections 607 registered agent, or both, in the 9 am familiar with, and accept the c	State of Florida. Such cha	nge was authorized	d by f	ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered ites.	Ē		
SIGNATURE								

Signative i type olociprosted name of registeriopage of annityte if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition YOUMAN, FERRIS PAULK NAME: 1.2 NAME **OLD PERRY STORE ROAD** STREET ADDRESS 1.3 STREET ADDRESS OPP AL CITY - ST - ZIP 1.4 CITY-ST-ZIP STD DELETE TITLE 2.1 TITLE Change Addition ANDERSON, RENEE Y. NAME 2.2 NAME SANDERS ROAD STREET ADDRESS 2.3 STREET ADDRESS OPP AL CITY-ST-ZIP 2.4 CITY-ST-ZIP VD DELETE 1011 ☐ Change Addition 3.1 TITLE MURPHY, MARU Y. MARK 3.2 NAME **HWY 52** STREET ADDRESS 3.3 STREET ADDRESS OPP AL CITY - \$1 - 242 3.4 CITY-ST-ZIP DELETE THUE 41 TITLE Change Addition ANDERSON, LARRY W. NAME 4. 2 NAME SAUNDERS ROAD STREET ADDRESS 4.3 STREET ADDRESS OPP AL CHY-\$1-7IP 4.4 CITY - ST- ZIP DELETE THLE 5.1 TITLE ☐ Change Addition NAME: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7/P 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 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

SIGNATURE:

CITY - \$1 - 70P