FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

427744

DOCUMENT # P15701

1. Entity Name

H.B. PAULK GROCERY COMPANY, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
HWY 52	P.O. BOX 637
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPP, AL.	City & State: OPP, AL.
Zip: 36467 Country: USA	Zip: 36467 Country: USA

4. FEI Number: 63-0160937 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUKE, STANLEY K.

Street Address (P.O. Box Number is Not Acceptable): 121 COURTHOUSE TERR

City: CRESTVIEW, FL. FL Zip Code: 32536

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) KK

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	YOUMANS, FERRIS P.	NAME	
STREET ADDRESS	OLD PERRY STORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	OPP, AL. 36467	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	ANDERSON, RENEE Y.	NAME	
STREET ADDRESS	SANDERS ROAD	STREET ADDRESS	
CITY-ST-ZIP	OPP, AL. 36467	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MURPHY, MARU Y.	NAME	
STREET ADDRESS	HWY 52	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	OPP, AL. 36467	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	ANDERSON, LARRY W.	NAME	**IN THIS SPACE**
STREET ADDRESS	SANDERS ROAD	STREET ADDRESS	
CITY-ST-ZIP	OPP, AL. 36467	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] FERRIS P. YOUMANS 3/8/02 334-493-3255

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