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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:26

DOCUMENT # P26928 (2)

1. Corporation Name
TRIPLE C FOOD STORES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 266 MONTICELLO, FL . 32345 US	P. O. BOX 266 MONTICELLO, FL . 32345 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1989
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21: US 19 N. & SR. 149
Suite, Apt. #, etc.
22: Monticello
City & State
23: FL
Zip 24: 32345
Country 25: USA

2a. Mailing Address
26: P.O. Box 367
Suite, Apt. #, etc.
27: Coolidge
City & State
28: GA
Zip 29: 31738
Country 30: USA

4. FEI Number: 58-1862305 ☐ 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

CLARK, MICHAEL L.
U.S. 19 NORTH AND STATE ROAD 149
MONTICELLO FL 32344

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michael L. Clark 3/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, WILLIAM L	1.2 NAME	
STREET ADDRESS	FREDONIA RD., ROUTE 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, MICHAEL	2.2 NAME	
STREET ADDRESS	ROUTE 2, HWY. 188	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOLIDGE GA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, JOYCE N.	3.2 NAME	
STREET ADDRESS	FREDONIA RD., ROUTE 2	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or on an attachment with an address.

SIGNATURE: Michael L. Clark Michael L. CLARK Sec/Treas 3/15/95 912-228-4354
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0400774 FP