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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26928

(2)

TRIPLE C FOOD STORES, INC.

FILED Feb 05 1997 8:00am Secretary of State

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	re of Business	Mailing	Address				- I LOGILIADI DIO LIBER DIVID CONTRE PERON NOTA	JIWIL BIWIL W	I BAE GINDIA NA	194 BEREI ERRI
US 19 N & SR 149 MONTICELLO. FL . 32345		COOLIDG	PO BOX 367 COOLIDGE GA 31738-0367							
US		US					3. Date Incorporated or Qualified 11/15/1989	1	te of Last 12/1996	•
2. Principal P	Place of Business	2a. Madi	ng Address				4. FEI Number	1		Applied For
1		26					58-1862305			Not Applicable
Suite, Apl	#, etc	Suite 27	. Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	le	City 28	& State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip		Cou	intry		8. This corporation has tiability for it	ntangible	tax unde	s. 199.032,
4	25	29		30			Fiorida Statutes	Yes [] No	
	9. Name and Address of Cur	rent Registered	Agent				10. Name and Address of New Reg	lstered /	Agent	
CLA	VRK, MICHAEL L.				81	Name				
U.S. 19 NORTH AND STATE ROAD 149 MONTICELLO FL 32344					82	Street Addr	ess (P.O. Box Number is Not Acceptable	le)		
				Ì	83					
				Ì	84	City			85 Zi	p Code
							poration submits this statement for the p	FL		
agent. La SIGNATURE	am familier with, and accept the ob-						rød when reinstating)	DATE		/
12.	OFFICERS :	AND DIRECTORS	S	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
TITLE	P		☐ DELETE	1.1 111	TLE				☐ Chang	e 🔲 Additio
NAME	CLARK, WILLIAM L.			1.2 NA	ME					
	FREDONIA RD., ROUTE 2					ADDRESS				
STREET ACCRESS	FREDONIA RD., ROUTE 2 THOMASVILLE GA			1.3 ST		1				
STREET ACORESS CITY+ST-7JP	FREDONIA RD., ROUTE 2		DELETE	1.3 ST	REET A	1		······································	☐ Chang	e
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STREET ACCRESS CITY: ST: ZIP TITLE NAME	FREDONIA RD., ROUTE 2 THOMASVILLE GA ST CLARK, MICHAEL ROUTE 2, HWY. 188		☐ DELETE	1.3 ST 1.4 C/ 2.1 T/I 2.2 N/	TREET A TY-ST TLE AME	1			☐ Chang	e Additio
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STREET ADDRESS C(TY+ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP	FREDONIA RD., ROUTE 2 THOMASVILLE GA ST CLARK, MICHAEL ROUTE 2, HWY. 188 COOLIDGE GA VP CLARK, JOYCE N.			1.3 ST 1.4 C/ 2.1 T// 2.2 N/ 2.3 ST 2.4 C/	TREET A TY-ST TLE AME TREET A TLE	- ZIP ADDRESS		** <u>*</u> .		
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. Fide hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplimental 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 corphration or the Acciver or trueful empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 it of ingell, or private attractions.

SIGNATURE

ok Date

me Phone #