FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P37231** **(8)**

1. Corporation Name

RILEY'S FOODS SPANISH FORT, INC.

Principal Place of Business	Mailing Address
P. O. BOX 440 SPANISH FORT AL 36527 US	POST OFFICE BOX 440 SPANISH FORT AL 36527

3. Date Incorporated or Qualified: **01/21/1992**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **63-0882558** ☐ 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

POPE, RAY P.
4400 BAYOU BLVD.
SUITE 44
PENSACOLA FL 32503

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 _____ DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, CHARLES G.		1.2 NAME	
STREET ADDRESS	34 LAKESHORE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAPHNE AL		1.4 CITY-ST-ZIP	
TITLE	DVC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MULLEN, IVAN		2.2 NAME	
STREET ADDRESS	P. O. BOX 398		2.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA AL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, FRANCIS		3.2 NAME	
STREET ADDRESS	P. O. BOX 26647		3.3 STREET ADDRESS	
CITY-ST-ZIP	OKLAHOMA CITY OK		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RILEY, SCARLETT		4.2 NAME	
STREET ADDRESS	34 LAKESHORE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAPHNE AL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, GREG		5.2 NAME	
STREET ADDRESS	P. O. BOX 398		5.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA AL		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MULLEN, IVAN		6.2 NAME	
STREET ADDRESS	P. O. BOX 398		6.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA AL		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)(k), 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: Charles G. Riley

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

CR2E034 (12/95)