

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

FILED  
Mar 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000012261 (3)

1. Corporation Name  
SKIDMORES GROCERY INC.



Principal Place of Business: 3270 NELSON AVE DOVER FL 33527  
Mailing Address: 3270 NELSON AVE DOVER FL 33527-5154

3. Date Incorporated or Qualified: 12/14/1992  
3a. Date of Last Report: 03/08/1996  
4. FEI Number: 59-3153382  
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

2. Principal Place of Business: 21 14550 DOWNING ST  
22 Suite, Apt. #, etc.  
23 City & State: DOVER FL  
24 Zip: 33527  
25 Country: USA

9. Name and Address of Current Registered Agent  
SKIDMORE, OLIVER L  
14550 DOWNING ST  
DOVER FL 33527

10. Name and Address of New Registered Agent  
81 Name: SKIDMORE, LIZZIE M  
82 Street Address (P.O. Box Number is Not Acceptable): 14550 DOWNING ST  
83  
84 City: DOVER FL 85 Zip Code: 33527

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: *Lizzie M. Skidmore* DATE: 2-26-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SKIDMORE, OLIVER L	
STREET ADDRESS	14550 DOWNING ST	
CITY - ST - ZIP	DOVER FL 33527	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SKIDMORE, LIZZIE M	
STREET ADDRESS	14550 DOWNING ST	
CITY - ST - ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SKIDMORE, LIZZIE M	
1.3 STREET ADDRESS	14550 DOWNING ST	
1.4 CITY - ST - ZIP	DOVER FL 33527	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, or on an attachment with an address.

SIGNATURE: *Lizzie M. Skidmore* Lizzie M. Skidmore 2-26-97 659-2344

CR2E034 (9/96)