

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

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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
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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	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 14550 DOWNING ST	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State 23 DOVER FL	27 City & State 28
24 Zip 33527	25 Country USA
29 Zip	30 Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SKIDMORE, OLIVER L		1.2 NAME SKIDMORE, LIZZIE M	
STREET ADDRESS 14550 DOWNING ST		1.3 STREET ADDRESS 14550 DOWNING ST	
CITY - ST - ZIP DOVER FL 33527		1.4 CITY - ST - ZIP DOVER FL 33527	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKIDMORE, LIZZIE M		2.2 NAME	
STREET ADDRESS 14550 DOWNING ST		2.3 STREET ADDRESS	
CITY - ST - ZIP DOVER FL 33527		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)