

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016755 (9)

1. Corporation Name

GOPHER GROCERIES, INC.



Principal Place of Business

6406 APPALOOSA DRIVE
TAMPA FL 33625

Mailing Address

6406 APPALOOSA DR
TAMPA FL 33625
US

3. Date Incorporated or Qualified
03/01/1993

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

2. Principal Place of Business

2a. Mailing Address

21 7301 Ehrlich Rd

26 7301 Ehrlich Rd

4. FEI Number

59-3172752

Applied For

Not Applicable

Suite, Apt., #, etc.

Suite, Apt., #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Tampa, FL

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33625 Hills.

29 33625 Hills

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACKEY, KIMBERLY D
6406 APPALOOSA DRIVE
TAMPA FL 33625

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

Candy Rudolph

CANDY RUDOLPH (Change of address)

5-16-96

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
MACKEY, KIMBERLY D
STREET ADDRESS
6406 APPALOOSA DR
CITY-ST-ZIP
TAMPA FL 33625

1. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
RUDOLPH, CANDY A
STREET ADDRESS
6314 NEW TOWN CIRCLE A-3
CITY-ST-ZIP
TAMPA FL

2. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. CITY-ST-ZIP ☐ Change ☐ Addition

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:

Candy Rudolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96

Date

813 920 4343

Daytime Phone #

CR2E034 (12/95)