FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043374 (6)

BECK ENTERPRISES OF ORLANDO INC.

1129 CARBONE WAY
APOPKA FL 32703

1129 CARBONE WAY
APOPKA FL 32703

3. Date of Incorporation: 06/14/1993

3a. Date of Last Report: 05/10/1994

4. FEI Number: 59-3189885 (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 assets of $100,000 or less and is filing pursuant to Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

BECK, ROBERT
1129 CARONE WAY
APOPKA FL 32703

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 Section 607.1005 Florida Statutes, the above named corporation submits the 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:

12. OFFICER(S) AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	P	1 TITLE ☐ Change ☐ Addition
1 NAME	BECK, ROBERT	1 NAME
1 STREET ADDRESS	1129 CARBONE WAY	1 STREET ADDRESS
1 CITY-ST-ZIP	APOPKA FL	1 CITY-ST-ZIP
2 TITLE	TS	2 TITLE ☐ Change ☐ Addition
2 NAME	BECK, KAREN S	2 NAME
2 STREET ADDRESS	1129 CARBONE WAY	2 STREET ADDRESS
2 CITY-ST-ZIP	APOPKA FL	2 CITY-ST-ZIP
3 TITLE		3 TITLE ☐ Change ☐ Addition
3 NAME		3 NAME
3 STREET ADDRESS		3 STREET ADDRESS
3 CITY-ST-ZIP		3 CITY-ST-ZIP
4 TITLE		4 TITLE ☐ Change ☐ Addition
4 NAME		4 NAME
4 STREET ADDRESS		4 STREET ADDRESS
4 CITY-ST-ZIP		4 CITY-ST-ZIP
5 TITLE		5 TITLE ☐ Change ☐ Addition
5 NAME		5 NAME
5 STREET ADDRESS		5 STREET ADDRESS
5 CITY-ST-ZIP		5 CITY-ST-ZIP
6 TITLE		6 TITLE ☐ Change ☐ Addition
6 NAME		6 NAME
6 STREET ADDRESS		6 STREET ADDRESS
6 CITY-ST-ZIP		6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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 above, if changed or added, or on an attachment with an address.

SIGNATURE: Karen S Beck 5/19/95 407-788-8247

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

0034235 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED
FILED

DOCUMENT # **P93000043978 (4)**

1. Corporate Name

HARVEY'S MARKET, INC.

Principal Place of Business	Mailing Address
50 S. KENANSVILLE RD. KENANSVILLE FL 34739	50 S. KENANSVILLE RD. KENANSVILLE FL 34739

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1993**	3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. # etc. (22) | Suite, Apt. # etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **59-3189883**

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/had, or anticipates tax under S. 1991.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARVEY, TODD P 50 S. KENANSVILLE RD. KENANSVILLE FL 34739	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

(If changing Registered Agent, New Registered Agent must sign here) (If changing Registered Agent, Registered Agent must sign here) (Date)

12. OFFICER(S) AND DIRECTOR(S)	13. ADDITIONS/CHANGES TO OFFICER(S) AND/OR DIRECTOR(S)
Title: D Name: HARVEY, TODD P Street Address: 50 S. KENANSVILLE RD. City-State-Zip: KENANSVILLE FL 34739	Title: P/C Name: ~~Todd~~ Harvey, Todd P Street Address: 50 S. Kenansville Rd City-State-Zip: Kenansville FL 34739 ☑ Change ☐ Addition
Title: V/D Name: Harvey, Cathy J. Street Address: 50 South Kenansville Rd City-State-Zip: Kenansville FL 34739	☐ Change ☑ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition
Title: Name: Street Address: City-State-Zip:	☐ Change ☐ Addition

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: Todd P. Harvey — Todd P Harvey — 9/14/95 — 407-436-1995

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

0442101 FP