

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:04

DOCUMENT # **P93000044609 (4)**

1. Corporation Name

CORK FOOD STORES, INC.

Principal Place of Business

**3216 N. CORK RD.
PLANT CITY FL 33565**

Mailing Address

**3216 N. CORK RD.
PLANT CITY FL 33565**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

08/02/1994

4. FEI Number

59-3188927

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**KORATTIYL, MARTIN
3216 N. CORK ROAD
PLANT CITY FL 33565**

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

Martin Korattiyil

(Signature, typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent signature required when operating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KURATTIYL MARTIN
STREET ADDRESS	3216 N-CORK RD.
CITY, ST, ZIP	PLANT CITY FL 33565
TITLE	DP
NAME	KORATTIYL MATHEN
STREET ADDRESS	3216 N CORK RD.
CITY, ST, ZIP	PLANT CITY FL 33565
TITLE	DP
NAME	KORATTIYL JOSEPH
STREET ADDRESS	3216 N CORK RD.
CITY, ST, ZIP	PLANT CITY FL 33565
TITLE	DD
NAME	KORATTIYL DOMINK
STREET ADDRESS	3216 N CORK RD.
CITY, ST, ZIP	PLANT CITY FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Martin Korattiyil

(Signature and typed or printed name of signing officer or director)

3/27/95 (813) 729 8001