FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 AM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050069 (2)**

1. Corporation Name
SIMONS MARKET, INC.

Principal Place of Business	Mailing Address
~~1097 MELSON AVE~~ ~~JACKSONVILLE FL 32205~~	~~1097 MELSON AVE~~ ~~JACKSONVILLE FL 32205~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21: 1824 W Beaver St
22: # 1
23: Jacksonville, FL
24: 32209 Zip
25: Country

2a. Mailing Address
26: 1824 W Beaver St
27: # 1
28: Jacksonville, FL
29: 32209 Zip
30: Country

4. FEI Number: 59-3196916 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KANDAH, SAMEER
~~1097 MELSON AVE~~
~~JACKSONVILLE FL 32205~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1824 W Beaver St
83: # 1
84 City: Jacksonville **FL** 85 Zip Code: 32209

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	KANDAH, SAMEER	12 NAME	
STREET ADDRESS	~~1097 MELSON AVE~~	13 STREET ADDRESS	1824 W Beaver St #1
CITY-ST-ZIP	~~JACKSONVILLE FL 32205~~	14 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KANDAH, YASMIN	22 NAME	
STREET ADDRESS	~~1097 MELSON AVE.~~	23 STREET ADDRESS	1824 W Beaver St #1
CITY-ST-ZIP	~~JACKSONVILLE FL~~	24 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is validly 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 if changed, or on an attachment with an address.

SIGNATURE: Sameer Kandah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

0407800 FP