

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

FILED

May 02 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 # P93000057635 (3)

1. Corporation Name

FLEMING SUPERMARKETS OF FLORIDA, INC.

Principal Place of Business

**HYDEPARK MARKET BUSINESS PLAZA
6452 NW 5TH WAY
FORT LAUDERDALE FL 33309
US**

Mailing Address

**P.O. BOX 26647
OKLAHOMA CITY OK 73126-0647**



3. Date Incorporated or Qualified

08/17/1993

3a. Date of Last Report

03/26/1996

4. FEI Number

65-0418543

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FARELLO, THOMAS A.	
STREET ADDRESS	6952 NW 5TH WAY	
CITY - ST - ZIP	FT. LAUDERDALE FL	

TITLE	VC	<input type="checkbox"/> DELETE
NAME	MOORE, LOUIS F.	
STREET ADDRESS	6952 NW 5TH WAY	
CITY - ST - ZIP	FORT LAUDERDALE FL	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ALMOND, DAVID R.	
STREET ADDRESS	6301 WATERFORD BLVD	
CITY - ST - ZIP	OKLAHOMA CI	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	6301 WATERFORD BLVD	
CITY - ST - ZIP	OKLAHOMA CITY OK	

TITLE	V	<input type="checkbox"/> DELETE
NAME	QUINN, PAUL J	
STREET ADDRESS	6301 WATERFORD BLVD	
CITY - ST - ZIP	OKLAHOMA CITY OK	

TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	THOMPSON, JOHN M	
STREET ADDRESS	6301 WATERFORD BLVD	
CITY - ST - ZIP	OKLAHOMA CITY OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven A. Lehto	
1.3 STREET ADDRESS	6952 NW 5th Way	
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 in an attachment with an address.

SIGNATURE:

Signature of Thomas A. Farello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

405/840-7200

Daytime Phone #

CR2E034 (9/96)