

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057635

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/17/1993

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

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 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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
LEHTO, STEVEN A.
6952 NW 5TH WAY
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VC
MOORE, LOUIS F.
6952 NW 5TH WAY
FORT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD
ALMOND, DAVID R.
6301 WATERFORD BLVD
OKLAHOMA CI

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
SMITH, ROBERT
6301 WATERFORD BLVD
OKLAHOMA CITY OK

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
QUINN, PAUL J
6301 WATERFORD BLVD
OKLAHOMA CITY OK

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VTAS
THOMPSON, JOHN M
6301 WATERFORD BLVD
OKLAHOMA CITY OK

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

See Attached

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marko S. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 405 840 7200

Date

Daytime Phone #

CR2E034 (1/98)