

1. Entity Name  
FLEMING SUPERMARKETS OF FLORIDA, INC.

May 10, 2000 8:00 am  
Secretary of State  
05-10-2000 90094 048 \*\*\*150.00

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

UUU47000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6301 Waterford Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
6301 Waterford Blvd  
Suite, Apt. #, etc.

City & State  
Oklahoma City OK  
Zip  
73118  
Country  
USA

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Oklahoma City OK  
Zip  
73118  
Country  
USA

4. FEI Number 65-0418543  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	LEHTO, STEVEN 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	<del>VSD</del>	<input type="checkbox"/> Delete
NAME	<del>ALMOND, DAVID R.</del>	
STREET ADDRESS	6301 WATERFORD BLVD	
CITY-ST-ZIP	OKLAHOMA CI	
TITLE	V	<input type="checkbox"/> Delete
NAME	<del>SMITH, ROBERT</del>	
STREET ADDRESS	6301 WATERFORD BLVD	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	V	<input type="checkbox"/> Delete
NAME	<del>QUINN, PAUL J.</del>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V President, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lenore T. Graham	
STREET ADDRESS	6301 Waterford Blvd	
CITY-ST-ZIP	Oklahoma City OK 73118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maude O. Summerville 4-25-00 405 840 7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #