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 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067792 (0)**

1. Corporation Name

A & M FOOD MART, INC.

Principal Place of Business

4951 SPARKLING PINES CIR
FT PIERCE FL 34951

Mailing Address

4951 SPARKLING PINES CIR
FT PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite/Apt. # (22)

Suite/Apt. # (27)

City & State (23)

City & State (28)

Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **66-0002931** ☐ 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 U.S.C. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDES, ALBERT
4951 SPARKLING PINES CIR
FT PIERCE FL 34951

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 Section 607.0505, 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

12. OFFICERS AND DIRECTORS

01	**DPST**
02 NAME	**FERNANDES, ALBERT**
03 STREET ADDRESS	**4951 SPARKLING PINES CIR**
04 CITY ST ZIP	**FT PIERCE FL 34951**
05	
06 NAME	
07 STREET ADDRESS	
08 CITY ST ZIP	
09	
10 NAME	
11 STREET ADDRESS	
12 CITY ST ZIP	
13	
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	
17	
18 NAME	
19 STREET ADDRESS	
20 CITY ST ZIP	
21	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12

25	☐ Change ☐ Addition
26 NAME	
27 STREET ADDRESS	
28 CITY ST ZIP	
29	☐ Change ☐ Addition
30 NAME	
31 STREET ADDRESS	
32 CITY ST ZIP	
33	☐ Change ☐ Addition
34 NAME	
35 STREET ADDRESS	
36 CITY ST ZIP	
37	☐ Change ☐ Addition
38 NAME	
39 STREET ADDRESS	
40 CITY ST ZIP	
41	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
45	☐ Change ☐ Addition
46 NAME	
47 STREET ADDRESS	
48 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily 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 added on an attachment with an address.

SIGNATURE: albert fernandes 05/08/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463674 FP