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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000070936 (8)

1. Corporation Name

~~EMERALD COAST PROVISIONS, INC.~~
SARASOTA DELI PROVISIONS, INC.

Principal Place of Business	Mailing Address
~~1544 CHADWICK WAY~~ 2360A Whitfield Park Ave ~~TALLAHASSEE FL 32312~~ Sarasota, Fl 34243 US	~~1544 CHADWICK WAY~~ 6714 Oak Hammock Drive ~~TALLAHASSEE FL 32312~~ Bradenton, Fl 34202 US

3. Date Incorporated or Qualified: 10/07/1993
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 2360A Whitfield Park Ave	26 6714 Oak Hammock Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota Fl	City & State 28 Bradenton, Fl
Zip 24 34243 Country 25 USA	Zip 29 34202 Country 30 USA

4. FEI Number: 65-0444491 ☐ 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

FOX, ROBERT F.
1544 CHADWICK WAY
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: FOX, ROBERT F.
82 Street Address (P.O. Box Number is Not Acceptable): 6714 Oak Hammock Drive
83
84 City: Bradenton FL 85 Zip Code: 34202

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 individual with authority to sign on behalf of corporation. NOTE: Registered Agent signature required before processing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, ROBERT F 1544 CHADWICK WAY TALLAHASSEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 6714 OAK HAMMOCK DRIVE BRADENTON FL 34202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS FOX, CONSTANCE H 1544 CHADWICK WAY TALLAHASSEE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 6714 OAK HAMMOCK DRIVE BRADENTON FL 34202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001847833 -06/03/96--01035--036 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition CR 5.1.96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Constance H. Fox VTS CONSTANCE H. FOX 4/29/96 941 727-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #