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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name

P93000079756 (1)

JIMI GROCERS, INC.

Principal	Place o	f Business
FIII KIDAI	riace t	r Dusiness

Mailing Address



1	7141 SE COUNTY RD. 25 Belleview Fl 32620		7141 SE COUNTY RD. BELLEVIEW FL 32620	7141 SE COUNTY RD. 25 BELLEVIEW FL 32620			
24 U.S. HWY 98 SAME APPLICATION SURFAPPRICATE SAME APPLICATION SAME APPLICATI						•	
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PATEL, RAJENDRAKUMAR 10 SPRING RUN OCALA FL 34472 11. Pursuant to the processor of Societies 607 (660) and 607 1508. Founds Subtress the above named composition extrins the purpose of changing its registered office or registered againt, or both, in this State of finish	^{Ζιρ} <i>338</i>	09 25 Country	Z(p)	Country 30	3		
PATEL, RAJENDRAKUMAR 10 SPRING RUN OCALA FL 34472 88 64 City FL 88 City FL FL 88 City FL Addition Charles City FL City		g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Agent
10 SPRING RUN OCALA FL 34472 84 Oily FL 85 Zip Codo 11. Pursuant to the provisions of Sections 607.0509 and 607.1508. Floridal Statutes. Per above named expendation submits has statement for the purpose of changing its registered office of invalid with, and accopet the obligations of Societies 607.0509 and 607.1508. Floridal Statutes. SIGNATURE SIGNATURE D	DATE	DA IENIDDAVI IMAD					
11. Pursuant to the provisions of Socilions 607 0602 and 607 1508. Find at Societies by above named corporation submits the attainment for the purpose of changing its registered office or unastered agent, or both, in the State of Finds South change was authorized by the corporation's board of deactors it haveby accept the appointment as registered agent. Tarn and accept the obligations of Societies (267,605. Enrich Statutes) 12.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Socions 607-05602 and 602 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing the registered defice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's hoard of deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the provide agent agent. I am part of the composition is not to deactors. I hereby accept the appointment as registered agent. I am part of the composition is not to deactors. I hereby accept the provide agent agent. I am part of the composition is not accept to deactors. I hereby accept the part of the composition is not accept to deactors. I hereby accept the part of the provide agent. I am part of the composition is not accept to deactors. I have a part of the composition in the composition is not accept to deactors. I have a part of the composition in the composition is not accept to deactor	OCALA	FL 34472					
Or spite Addition Signature Sig				84	City		FL 85 Zip Code
SIGNATURE	or registere	ed agent, or both, in the State of F	londa. Such change was authorize	ed by the corpo	imed corpora ration's board	ation submits this statement for the pur I of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
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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

Des-Perle Contruster. Vice President

Daytime Phone #