

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morman
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:42

DOCUMENT # P94000032529 (7)

1. Corporation Name

BEAR DISCOUNT GROCERY & SURPLUS, INCORPORATED

Principal Place of Business

**5641 PINE ROCK RD
ORLANDO FL 32810**

Mailing Address

**5641 PINE ROCK RD
ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 Flea markets

2a. Mailing Address

26 5641 Pine Rock Rd

4. FEI Number

59-3296359

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

City & State

23 Orlando FL

City & State

28 Oak FL

Zip

24 32810

Country

25 Orange

Zip

29 32810

Country

30 Orange

9. Name and Address of Current Registered Agent

**MEASLES, ERBIE B
5641 PINE ROCK RD
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

Ernie B Measles (owner)

ERBIE B MEASLES

March 30, 95

(Signatures, typed or printed name of registered agent and both acceptable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEASLES, ERBIE B
STREET ADDRESS	% 5641 PINE ROCK RD
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	D
NAME	MEASLES, CAROLYN S
STREET ADDRESS	% 5641 PINE ROCK RD
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ernie B Measles

ERBIE B MEASLES

March 30, 95

407.629.6812

(Signatures and typed or printed name of signing officer or director)

DATE

Telephone Number