

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

1995



APPROVED
AND
FILED

55 MAR -7 PH 2:11

DOCUMENT # P94000045792 (6)

JRC FOOD MART, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1702 PINE HARRIER CIR
SARASOTA FL 34231

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SARASOTA FL 34231

3. Date of Application for Amendment
06/20/1994

4. Filing Number
65-0510835

5. Certificate of Status Due Date
\$8.75 Additional Fee Required

6. Election Campaign Reporting
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

TURNER, JAMES L
1550 RINGLING BLVD.
SARASOTA FL 34236

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 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

SIGNATURE:

Signature of Corporation or Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a NAME
P
Carrion Jaime R
1702 Pine Harrier Circle
Sarasota FL 34231

11 TITLE
Change Addition

12 NAME
Change Addition

13 STREET ADDRESS
Change Addition

14 CITY, ST, ZIP
Change Addition

21 TITLE
Change Addition

22 NAME
Change Addition

23 STREET ADDRESS
Change Addition

24 CITY, ST, ZIP
Change Addition

31 TITLE
Change Addition

32 NAME
Change Addition

33 STREET ADDRESS
Change Addition

34 CITY, ST, ZIP
Change Addition

41 TITLE
Change Addition

42 NAME
Change Addition

43 STREET ADDRESS
Change Addition

44 CITY, ST, ZIP
Change Addition

51 TITLE
Change Addition

52 NAME
Change Addition

53 STREET ADDRESS
Change Addition

54 CITY, ST, ZIP
Change Addition

61 TITLE
Change Addition

62 NAME
Change Addition

63 STREET ADDRESS
Change Addition

64 CITY, ST, ZIP
Change Addition

14. I, the undersigned, certify that the information supplied with this statement is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. Further, I certify that the information is true, correct, and accurate, and that my signature shall have the same legal effect as if made under oath. I understand that the information provided in this statement is for the use of the Secretary of State and that it may be made available to the public. I understand that the information provided in this statement is for the use of the Secretary of State and that it may be made available to the public. I understand that the information provided in this statement is for the use of the Secretary of State and that it may be made available to the public.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME R CARRION
3-3-95

813-966-3354