

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:30

DOCUMENT # P94000064568 (6)

1. Corporation Name

LAKE MYSTIC GROCERY, INC.

Principal Place of Business

HIGHWAY 12
BRISTOL FL 32321

Mailing Address

HIGHWAY 12
BRISTOL FL 32321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

2. Principal Place of Business

21 Hwy 12 S bristol

2a. Mailing Address

26 Rt. 1 Box 243-C

4. FEI Number

59-3257211

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Rt. 1 Box 243-C

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Bristol, Fl

City & State

28 Bristol, Fl

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 32321

Country

25 USA

Zip

29 32321

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, DOUGLAS R JR
HIGHWAY 12
BRISTOL FL 32321

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Douglas R. Davis Jr.

DOUGLAS R. DAVIS, JR. PRESIDENT

6/6/95

Signature, type or printed name of registered agent (file # 4 applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SECRETARY/TREASURER
NAME SHIRLEY M. DAVIS
STREET ADDRESS RT 1 BOX 243-C
CITY-ST-ZIP BRISTOL, FL 32321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Douglas R. Davis Jr.

DOUGLAS R. DAVIS, JR.

6/6/95

(904)-643-5611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/95)