

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083938 (8)

1. Corporation Name

HEALTHY YOU FOOD MARKET OF MARCO, INC.

Principal Place of Business

1029 N. COLLIER BLVD., UNIT 57
MARCO ISLAND FL 33937

Mailing Address

1029 N. COLLIER BLVD., UNIT 57
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

30

4. EEI Number

65-0537832

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

7. This corporation has liability for intangible tax under C. 100.000,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEWAR, THRESA B
1029 N. COLLIER BLVD., UNIT 57
MARCO ISLAND FL 33937

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

Signature of agent or person authorized to register agent and file this application

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
E
DEWAR, THRESA B
1029 N. COLLIER BLVD., UNIT 57
MARCO ISLAND FL 33937

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
E
DEWAR, MARK A
1029 N. COLLIER BLVD., UNIT 57
MARCO ISLAND FL 33937

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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: *Thresa Dewar, President & Director* 427-45 813 394-8361
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
THRESA DEWAR, President & Director