

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 22 1998 8:00am  
Secretary of State

DOCUMENT # **P94000094126 (7)**

1. Corporation Name  
**A & R FOOD MART, INC.**



Principal Place of Business  
**1488 E SEMORAN BLVD  
APOPKA FL 32703**

Mailing Address  
**1488 E SEMORAN BLVD  
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1995**

4. FEI Number

**59-3284021**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PATEL, AMRISH  
1488 E SEMORAN BLVD  
APOPKA FL 32703**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **PATEL, AMRISH**  
STREET ADDRESS **500 N VOLUSIA AVE**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition  
1.2 NAME **PATEL, AMRISH**  
1.3 STREET ADDRESS **1488 E SEMORAN BLVD**  
1.4 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE  
NAME **PATEL, RANNA**  
STREET ADDRESS **500 N VOLUSIA AVE**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

2.1 TITLE **VICE-PRESIDENT** ☐ Change ☐ Addition  
2.2 NAME **PATEL, RANNA**  
2.3 STREET ADDRESS **1488 E SEMORAN BLVD**  
2.4 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

*[Signature]*

07-15-98 (407) 886-7644

CR2E034 (5/98)

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A & R FOOD MART, INC.  
1488 E SEMORAN BLVD  
APOPKA FL 32703  
July 15, 1998

Secretary of State  
Division of Corporation  
P.O.Box 6327  
Tallahassee FL 32314

Ref:- Document # P94000094126

Sub:- Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned AMRISH PATEL, President of A & R FOOD MART, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 1998 on the following grounds.

We are doing business in this competitive & bad economy. We never received the Annual Filing Form for 1998, may be lost in the mail. Unfortunatley, we never realized that we have to pay annual filing fee each year. We would like to request you to waive the penalty on the basis of lack of knowledge and misunderstandings.

Further, our daughter was in the hospital due to emergency. We were running around in the last 2 weeks of April, 1998. Due to employee's problem and other things, we never realized the last date of filing form for 1998. As per your request, we are enclosing herewith the check of \$150.00 being an annaul filing fee for 1998 as an exceptional case. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.  
Sincerely,



(AMRISH PATEL)

encl:- as above