

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000005107

1. Entity Name
FAMILY DISKOUNT FOOD STORE, INC.



Principal Place of Business
7174 CYPRESS DRIVE
FORT MYERS, FL 33907

Mailing Address
7174 CYPRESS DRIVE
FORT MYERS, FL 33907

FILED
08 DEC -1 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0568692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAMEH, HANNA I
7174 CYPRESS DRIVE
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name DONALD C RICHBOURB, JR
Street Address (P.O. Box Number is Not Acceptable)
8695 College Pkwy Suite 1328
City FT MYERS FL Zip Code 33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donald C Richbourg Jr 11-10-2008
Signature, typed or printed name of registered agent and title if applicable (NO Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SALAMEH, IBRAHIM H ☐ Delete
STREET ADDRESS 7174 CYPRESS DRIVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VP
NAME SALAMEH, HANNA I ☒ Delete
STREET ADDRESS 7174 CYPRESS DRIVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME SALAMEH, SUSAN ☐ Change ☒ Addition
STREET ADDRESS 7174 CYPRESS DRIVE
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Salameh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/08
Date

Daytime Phone #