

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000042349 (7)**

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

96 SEP 16 AM 10:19



Principal Place of Business      Mailing Address  
**1241 PENMAN ROAD**      **1241 PENMAN ROAD**  
**JACKSONVILLE BEACH FL 32250**      **JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified **05/31/1995**      3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3326553</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	25. Zip		
29. Country	30. Zip		

**9. Name and Address of Current Registered Agent**

**PAUL, HERMAN S**  
**2468 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32207**

**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 607.0702 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 the corporation

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THAKKAR, KIRAN M</b>	
STREET ADDRESS	<b>1241 PENMAN ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAH, SUNIL</b>	
STREET ADDRESS	<b>1241 PENMAN ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>THAKKAR, RAJESH M</b>	
STREET ADDRESS	<b>1241 PENMAN ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

500001364225  
-10/03/96-01083-006  
\*\*\*\*225.00 \*\*\*\*225.00

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 119.07(3)(k), 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: *Kiran M. Thakkar*      **PRESIDENT**      615796 (904) 241-6838