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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043461 (9)

1. Corporation Name

VALUE MART OF NORTHWEST FLORIDA, INC.

Principal Place of Business

RT 2 BOX 105
FREEPORT FL 32439

Mailing Address

RT 2 BOX 105
FREEPORT FL 32439-9902



2. Principal Place of Business

21

Suite, Apt. #, etc.

18771 US Hwy 331 S.

City & State

Freeport FL

Zip

32439

Country

Walton

2a. Mailing Address

26

Suite, Apt. #, etc.

18771 US Hwy 331 S.

City & State

Freeport FL

Zip

32439

Country

Walton

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3328679

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MILLER, HERBERT L JR.
RT 2 BOX 105
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81 Name

MILLER, HERBERT L JR

82 Street Address (P.O. Box Number is Not Acceptable)

18771 US Hwy 331 S

83

84 City

FREEPORT FL

FL

85 Zip Code

32439

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

April 3, 1997

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
MILLER, HERBERT L JR.
STREET ADDRESS
RT 2 BOX 105
CITY-ST-ZIP
FREEPORT FL 32439

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

18771 US Hwy 331 S
FREEPORT FL 32439

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and typed or printed name of signing officer or director

April 3 1997 (904) 835-2911

Date

Daytime Phone #

CR2E034 (9/96)