FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 20 1998 8:00am Secretary of State

DOCUMENT # P9500050025 (2) DEAN GROCERY COMPANY, INC.					11811 8.1 111 8. 1118 11.181 8 114 1 8.1 1
Principal Place of Business Mailing Address				<u> </u>	
1		_			
2401 E. 5TH ST. 2401 E. 5TH ST. PANAMA CITY FL 32401 PANAMA CITY FL 32401			:		
			i	DO NOT WRITE IN THIS	SPACE
			i	3. Date Incorporated or Qualified	
A Dimeter LE	Non- of Charles	Too Markey Carlotte		06/26/1995 4. FEI Number	
—	Place of Business	2a. Mailing Address	L T		Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.	· .	59-3319274	Not Applicable \$8.75 Additional
22	w, 0.0.	27	Ŧ !	5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Çountry	8. This corporation owes or has paid the co	irrent year Intangible
24	25		30		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
,	EAN, WILLIAM A		81 Name		
			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
] P/	ANAMA CITY FL 32401		83		
İ			, 53		
			84 City	FI	85 Zip Code
11 Purguent	to the provisions of Sections 607 0502	and 607 1609 Elevida Statute	the shows named core		
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 prixted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		: Hagistered Agenit signature requir	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	DEAN, WILLIAM A		1.2 NAME		
STREET ADDRESS	218 CHURCH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		1.4 CITY - ST - ZIP		
TITLE	STD	DELETE	2.1 TITLE		Change Addition
NAME	DEAN, SUSAN A		2.2 NAME		n e
STREET ADDRESS	218 CHURCH AVE.		2.3 STREET ADDRESS		!
CITY-SI-ZIP	PANAMA CITY FL 32401		2. 4 CITY - ST - ZIP		,
TITLE		DELETE	3. Í TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DETELE	4.1 TITLE		C Charge L Audition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ŀ
CITY-ST-ZIP			6.4 CITY - ST- ZIP		
	certify that the Information supplied with	this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information

14. Thereby certify that the Information supplied with this filling 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 suppliemental 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 of 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 apartiachment with an address.

SIGNATURE:

1/12/98

850-763-1221