FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [illegible]TATE
Sandra B. Mortha[illegible]
Secretary of Stat[illegible]
DIVISION OF CORPORATIONS

DOCUMENT # **P95000056084 (3)**

1. Corporation Name

MR. C'S MARKET, INC.

Principal Place of Business	Mailing Address
1224 W SILVER SPRINGS BLVD OCALA FL 34474	1224 W SILVER SPRINGS BLVD OCALA FL 34474

3. Date Incorporated or Qualified: **07/18/1995**

3a. Date of Last Report: **N/A**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3335318** ☐ 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

SCHUSTER, DAVID J
1224 W SILVER SPRINGS BLVD
OCALA FL 34474

10. Name and Address of New Registered Agent

1 Name: WESLEY, ELLANOR D
2 Street Address (P.O. Box Number is Not Acceptable): 2201 SW 6th STREET
3
4 City: OCALA FL 85 Zip Code: 34474

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo[illegible] 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 [illegible]oration'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: Ellanor D. Wesley PRESIDENT — 7-29-96
Signature, Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WESLEY, ELLANOR D	
STREET ADDRESS	2201 SW 6 ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TI[illegible]	☐ Change ☐ Addition
1 2 NA[illegible]	
1 3 ST[illegible] ADDRESS	
1 4 CI[illegible] ST ZIP	
2 1 TI[illegible]	☐ Change ☐ Addition
2 2 NA[illegible]	
2 3 ST[illegible] ADDRESS	
2 4 CI[illegible] ST ZIP	
3 1 TI[illegible]	☐ Change ☐ Addition
3 2 NA[illegible]	
3 3 ST[illegible] ADDRESS	
3 4 CI[illegible] ST ZIP	
4 1 TI[illegible]	☐ Change ☐ Addition
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4 3 S[illegible] ADDRESS	
4 4 CI[illegible]	
5 1 T[illegible]	☐ Change ☐ Addition
5 2 N[illegible]	
5 3 S[illegible] ADDRESS	
5 4 CI[illegible] ST ZIP	
6 1 T[illegible]	☐ Change ☐ Addition
6 2 NA[illegible]	
6 3 S[illegible] ADDRESS	
6 4 CI[illegible] ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and [illegible]s 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 [illegible]ue 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 empower[illegible] 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: Ellanor D. Wesley ELL[illegible]NOR D. WESLEY 7-5-96 (352) 622-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT[illegible] — Date — Daytime Phone #

CR2E034 (12/95)