

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000070872 (3)

1. Corporation Name

GOPHER GROCERIES OF TAMPA BAY, INC.



Principal Place of Business

6406 APPALOOSA DRIVE
TAMPA FL 33625

Mailing Address

6406 APPALOOSA DRIVE
TAMPA FL 33625

3. Date Incorporated or Qualified
09/11/1995

3a. Date of Last Report
~~09/11/1995~~ N/A

2. Principal Place of Business

2a. Mailing Address

21 7301 Ehrlich Rd

26 Same 7301 Ehrlich

4. FEI Number

59-3338212

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

City & State

23 Tampa FL

City & State

28 Tampa FL

24 Zip 33625 25 Hills.

29 Zip 33625 30 Hills

9. Name and Address of Current Registered Agent

MACKEY, KIMBERLY D
6406 APPALOOSA DRIVE
TAMPA FL 33625

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 607.0502 and 607.1506, 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

Candy Rudolph

CANDY RUDOLPH

(Change of address)

5-16-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME MACKEY, KIMBERLY D
STREET ADDRESS 6406 APPALOOSA DRIVE
CITY-ST-ZIP TAMPA FL 33625 ☐ DELETE

TITLE D
NAME RUDOLPH, CANDY A
STREET ADDRESS 6314 NEWTOWN CIRCLE A-3
CITY-ST-ZIP TAMPA FL 33615 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Candy Rudolph

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96

Date

813 920 4343

Daytime Phone #

CR2E034 (12/95)