

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 # P95000076738 (0)

1. Corporation Name

MULBERRY FOOD CENTERS, INC.



Principal Place of Business

610 W MEMORIAL BLVD
LAKELAND FL 33803

Mailing Address

610 W MEMORIAL BLVD
LAKELAND FL 33803

3. Date Incorporated or Qualified
09/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 310 East Canal Street

Suite, Apt. #, etc.

22 City & State

23 Mulberry, Florida

24 Zip

33860

25 Country

Polk

2a. Mailing Address

26 310 East Canal Street

Suite, Apt. #, etc.

27 City & State

28 Mulberry, Florida

29 Zip

33860

30 Country

Polk

4. FEI Number

59-3337086

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

BARKER, HAROLD E
930 MARCUM RD, SUITE 4
LAKELAND FL 33809

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 607.1508, 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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TAHA, DEAN
STREET ADDRESS 610 W MEMORIAL BLVD
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ DELETE

NAME TAHA-ZAIED, EMAD
STREET ADDRESS 610 W MEMORIAL BLVD
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ DELETE

NAME HAMDALLAH, FARHAN
STREET ADDRESS 610 W MEMORIAL BLVD
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 310 East Canal Street
1.4 CITY-ST-ZIP Mulberry, Florida 33860

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 310 East Canal Street
2.4 CITY-ST-ZIP Mulberry, Florida 33860

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 310 East Canal Street
3.4 CITY-ST-ZIP Mulberry, Florida 33860

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 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

DEANA TAHA

3/4/96

941-686-5489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)