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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9500080892 (9)

DYKES FOOD STORE, INC.

CITY-ST-ZIP

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Principal Place of Business 13235 ORANGE AVE EXT FT PIERCE FL 34945-4421				Mailing Address 13235 ORANGE AVE EXT FT PIERCE FL 34945							1 (80)(83) (18 (815) 81)	ii <b>da</b> iir <b>ab</b> sir <b>ab</b> tiii	<b>PB181 (B</b> 161	86(8) (8118 1811	F(B) (BF)		
											Date Incorporated 01/01/1996	d or Qualified	3a. D	Date of Last F	leport		
2. Principal Place of Business				2a. Mailing Address							FEI Number			[ A	oplied For		
21				26							<u>65-05947</u>	42	· <del>- · · · · · · · · · · · · · · · · · ·</del>	<del></del>	ot Applicat	ble	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5.	Certificate of State	us Desired			Additional equired		
City & State				City & State						6.	Election Campaig	-	_		May Be		
23			2	28							Trust Fund Contril				to Fees		
Zip	Country		-	<b>├</b> ── ' <b>├</b> ──			Country			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No							
24	25 9. Name and Address of Curren			29 30 30				Florida Statutes L Yes  10. Name and Address of New Registered									
DYKE	ES, JANICE						81	T N	ame								
13235 ORANGE AVE EXT								S	troot Ad	draga (D	O. Box Number is	Not Apondo	la)	····			
FT PIERCE FL 34945-4421								3	Treet Add	aress (F	.O. box number is	not Acceptat	ne)				
							83	T		<del></del>							
							84	С	ity				FL	<b>85</b> Zip	Code		
office or r agent. I a	registered as	ions of Sections gent, or both, in the ith, and accept t	the State of F	lorida. S	uch change was	s authoriz	ed by	v the	amed co e corpor	rporation's b	n submits this state loard of directors.	ement for the p I hereby acces	urpose of the ap	of changing i pointment as	ts registere registered	to to	
SIGNATURE	Signature typic	Loc ported name of re	gisteren agent and	title if appl	licable. (N	OTE Registe	red Age	enl s	gnature req	ured when	reinstating)		DATE				
12.	OFFICERS AND			DIRECTORS 13.			3,				ADDITIONS/CHAN		ERS AN	ID DIRECTO			
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CITY-ST-ZIP						4.4	CITY-S	ST-ZI	IP .							]	
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NAME						6.2	NAME										
STREET ADDRESS	I					6.3	STREET	T ADD	DRESS								

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 12 or Block 12 or on an attachment with a ddress.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF HOUNDAY OFFICER OR DIRECTOR

Date:

D

6.4 CITY - ST - ZIP

CR2E034 (9/96)

**FILED** 

Feb 03 1997 8:00am

Secretary of State