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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000085304 (0)

MCCABE'S GROCERY, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address														., •••	
7437 HIGHWAY 22 7437 HIGHWAY 22								1							
PANAMA CITY FL 32404				PANAMA CITY FL 32404					DO NOT WRITE IN THIS SPACE						
									3. Date Incorporated or Qualified						
								11/06/1	1995]	
2.	Principal Pia	ce of Business	3	2e. Mailing Address				4.	FEI Numbe					Appli	ed For
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	Zip		Country	Zip	Cou	intry		₿.		ration owes					
24	25			29	4			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent							
			d Address of Currer	81	Manage	10.	, Name and	Address D	New He	gister q u A	Agent				
		C ab e, Glad				81	Name								į
7437 HIGHWAY 22						82	Street A	ddress (F	P.O. Box Nu	mber is Not	Acceptat	ole)			
PANAMA CITY FL 32404											***				
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					84	City			····			85 2	ip Co	de	
									<u>FL</u>	بلب					
11	 Pursuant to office or re 	o the provision: I giste red agent In fem iliar with	s of Sections 607.050 , or both, in the State and accept the oblid	02 and 607.1508, Florida \$ of Florida, Such change lations of Section 607.050	Statutes, the al was authorize 15. Florida Stat	bove d by lutes	e-named c the corpo s.	orporation's I	on submits the board of dire	nis statemen ectors. I here	ppy accer	pt the app	cnangir ointment	ig its re	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statule's. Signature typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															
12		Signature, typeo or p		ID DIRECTORS	13.	o Age	in algriculate is			/CHANGES	TO OFFIC		DIREC	TORS (N 12
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H	L hereby c	ertify that the ir	formation supplied v	with this filling does not qu				in Secti	ion 119. 07 (3)(i), Florida S	Statutes. I	further ce	rtify that	the in	formation

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 truslee 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.