

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000006659 (2)**

1. Corporation Name
CHARLOTTE FOOD MARTS, INC.



Principal Place of Business 21360 GERTRUDE AVENUE PORT CHARLOTTE FL 33952	Mailing Address 21360 GERTRUDE AVENUE PORT CHARLOTTE FL 33952-5018
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2. Principal Place of Business 21 2350 Harbor Blvd Suite, Apt. #, etc.		2a. Mailing Address 26 2350 Harbor Blvd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/22/1996		3a. Date of Last Report	
22 City & State		27 City & State		4. FEI Number 65-063 4458		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GUNDERSON, THOMAS H 1715 MONROE STREET FT. MYERS FL 33901				10. Name and Address of New Registered Agent 81 Name Gunderson, Herbert D 82 Street Address (P.O. Box Number is Not Acceptable) 2350 Harbor Blvd. 83 84 City Port Charlotte FL 85 Zip Code 33952			
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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 *Herbert D. Gunderson* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNDERSON, HERBERT Q D			1.2 NAME	Gunderson, Herbert D		
STREET ADDRESS	21360 GERTRUDE AVENUE			1.3 STREET ADDRESS	2350 Harbor Blvd		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952			1.4 CITY - ST - ZIP	Port Charlotte, FL 33952		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Senior V Pres.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNDERSON, HEIDE			2.2 NAME	Gunderson Heide		
STREET ADDRESS	21360 GERTRUDE AVENUE			2.3 STREET ADDRESS	2350 Harbor Blvd		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952			2.4 CITY - ST - ZIP	Port Charlotte FL 33952		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Joaquin O. Fellmeth			3.2 NAME	Joaquin O. Fellmeth		
STREET ADDRESS	407 East Marion Ave.			3.3 STREET ADDRESS	407 East Marion Ave		
CITY - ST - ZIP	Punta Gorda, FL 33950			3.4 CITY - ST - ZIP	PONTA GORDA FL 33950		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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 13 if changed, or on an attachment with an address.

SIGNATURE: *H.D. Gunderson* H.D. Gunderson 1-18-97 - 941-625-4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)