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

PROFIT CORPORATION ANNUAL REPORT

1998

1

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006659 (2)

CHARLOTTE FOOD MARTS, INC. Principal Place of Business Mailing Address 2350 HARBOR BLVD 2350 HARBOR BLVD PORT CHARLOTTE FL 33962 PORT CHARLOTTE FL 33952 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0634058 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. . Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 **GUNDERSON, HERBERT D** 2350 HARBOR BLVD Street Address (P.O. Box Number is Not Acceptable) POR CHARLOTTE FL 33952 83 84 City 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE GUNDERSON, HERBERT Q D NAME 1.2 NAME 2350 HARBOR BLVD STREET ADDRESS 1.3 STREET ADORESS PORT CHARLOTTE FI CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TOTLE **GUNDERSON, HEIDE** NAME 2.2 NAME 2350 HARBOR BLVD 2.3 STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition FELLMETH, FOACHIM O NAME 3.2 NAME 407 E MARION AVE STREET ADDRESS 3.3 STREET ADDRESS **PUNTA GORDA FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TOTLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Where A 98 941-625-4781

FILED

Apr 13 1998 8:00am

Secretary of State