

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000017212 (7)

1. Corporation Name
GLEN ST. MARYS SUPERMARKET, INC.



Principal Place of Business Mailing Address
67 PREAKNESS DRIVE PLAZA **67 PREAKNESS DRIVE PLAZA**
ORANGE PARK FL 32073 **ORANGE PARK FL 32073-5828**

3. Date Incorporated or Qualified **02/22/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 **26** **67 PREAKNESS PLAZA** **59 3364933** Not Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27** **ORANGE PARK FLA** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
 City & State City & State
23 **28** **ORANGE PARK FLA** **6. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution **Added to Fees**
 Zip Country Zip Country
24 **25** **29** **32073** **30** **8. This corporation has liability for intangible tax under s. 199.032,**
 Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ELIAS, LUCY **81** Name
67 PREAKNESS DRIVE **82** Street Address (P. O. Box Number is Not Acceptable)
ORANGE PARK FL 32073 **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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

Handwritten in Block 13.1: PRESIDENT, George ELIAS, 67 Preakness PLAZA, O.P. FLA. 32073

Handwritten in Block 13.6: 700002097927, -02/26/97--01008--042, ***165.00

Handwritten initials: TS 2/25

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: *George Elias* **GEORGE ELIAS** 2-16-97

CR2E034 (9/96)