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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Mar 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State Convision OF CORPORATIONS

DOCUMENT # P96000017212 (7)

GLEN ST. MARYS SUPERMARKET, INC.

67 PREAKNESS DRIVE **67 PREAKNESS DRIVE ORANGE PARK FL 32073** ORANGE FARK FL 32073 DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1996 Applied For 59-3364933 Not Applicable 21 Suite, Apl. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ELIAS, LUCY trancis 67 PREMINESS DRIVE Street Address (P.O. Box Number is Not Acceptable) 6444 Christopher ORANGE PARK FL 32073 creek Ad. W. Zip Code the above-named corporation submits this statement for the purpose of changing its registered norized by the corporation's board of directors. I hereby accept the appointment as registered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETI 1 1 TITLE 1.2 NAME **ELIAS, GEORGE** NAME **67 PREAKNESS PLAZA** 1.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE char NAME 2.2 NAME topher clr STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE

Block 12 or Block 13 if changed, or on an attrichment with an address.

CNATURE:

2 1.98 904-259-2045

14. Thereby 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

62 NAME

**63 STREET ADDRESS**