

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

FILED

Apr 29 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 # P96000023046 (1)

1. Corporation Name
CARSON'S FOOD MART, INC.

Principal Place of Business
1414 PINEHURST ROAD
DUNEDIN FL 34698

Mailing Address
1414 PINEHURST ROAD
DUNEDIN FL 34698-3838



3. Date Incorporated or Qualified 03/14/1996
3a. Date of Last Report N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3365713

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Applied For
Not Applicable

\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ERIC L CARSON
82 Street Address (P.O. Box Number is Not Acceptable)
427 ARROWHEAD COURT
83
84 City OLDSMAR FL 85 Zip Code 34677

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 Eric L. Carson President 4-20-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CARSON, ERIC L	
STREET ADDRESS	1414 PINEHURST ROAD	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, COLT L	
STREET ADDRESS	1414 PINEHURST ROAD	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARSON, MARIANN L	
STREET ADDRESS	1414 PINEHURST ROAD	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VSD
3.3 STREET ADDRESS	CARSON, MARIANN L
3.4 CITY - ST - ZIP	1414 Pinehurst Road Dunedin, FL 34698
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE REQUIRED

President 4-20-97 813-736-4698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)