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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name P96000030598 (2)						
PRESCO FOOD STORE #4 INC.						
	0.000 0.0112 " 1 1110					A RECOLURAR FOR AUGUS MANTE EXTEND CONTRACTOR STATE AND A CONTRACTOR STATE FOR FORE AUGUS
Principal Plac	e of Business	Mailing Address	Mailing Address			3 TONTINEES AND RELATE BRIDE BRIDE BRIDE BRIDE BRADE BRADE BRADE CONTRACTOR AND
4821 PLACIDA		4821 PLACIDA RD				
GROVE CITY FL 34224		GROVE CITY FL 34224			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
						04/01/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Far
21		26				65-0655946 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired S8.75 Additional
City & Stat		City & State	27 Cisus State			Fee Required
23	e	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	untry	,	8. This corporation owes or has paid the current year intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent		T		10. Name and Address of New Registered Agent
PATEL, MUKESH 81 Name					ne	
4821 PLACIDA RD					Street	eet Address (P.O. Box Number is Not Acceptable)
GROVE CITY FL 34224						
				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	•					'
	Signature, typed or printed name of registered a			d Age	nt signature	alure required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPTS	☐ DELETE	1.1 1			Change Addition
NAME	PATEL, MUKESH 4821 PLACIDA RD		1.2 N			
STREET ADDRESS	GROVE CITY FL		1.4 CRY-		ADDRESS	35
CITY-ST-ZIP	GROVE CITT FL	DELETE	2.1 T	_	(-ZIP	Change Addition
NAME			2.2 N			
STREET ADDRESS					ADDRESS	38
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		~
TITLE		☐ DELETE	3.1 TITLE		, <u>Li</u>	Change Addition
NAME	3.7		3.2 N	3.2 NAME		
STREET ADDRESS			3.3 \$	TREET	ADDRESS	is
CITY - ST - ZIP			3.4. 0	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 ∏	TLE		Change Addition
NAME			4.21			
STREET ADDRESS			4.3 S	TREET	ADDRESS	is (

CITY-ST-ZIP 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

DELETE

DELETE

FILED

Feb 03 1998 8:00am

Secretary of State

☐ Change

Change

Addition