

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

FILED

Jan 14 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 # P96000052790 (8)

1. Corporation Name:
STOP & GO FOOD MART, INC.

Principal Place of Business
1802 NE WALDO ROAD
GAINESVILLE FL 32602

Mailing Address
1802 NE WALDO ROAD
GAINESVILLE FL 32609-3901



3. Date Incorporated or Qualified 06/20/1996 3a. Date of Last Report

4. FEI Number 59-3385241 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 STOP & GO Food Mart 26 STOP & GO Food Mart
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1602-A, NE WALDO RD. 27 1602-A, NE WALDO RD.
City & State City & State
23 GAINESVILLE, FL 28 GAINESVILLE, FL
Zip Country Zip Country
24 32609 25 ALACHUA 29 32609 30 ALACHUA

9. Name and Address of Current Registered Agent
PATEL, HARISH R
1802 NE WALDO ROAD
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 - am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE x [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, DILIP G		1.2 NAME		
STREET ADDRESS	1802 NE WALDO ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32602		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, HARISH R		2.2 NAME		
STREET ADDRESS	1802 NE WALDO ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32602		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, ANIL R		3.2 NAME		
STREET ADDRESS	1802 NE WALDO ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL 32602		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 in an attachment with an address.

SIGNATURE: x [Signature] (HARISH R. PATEL) 1/6/97 (352) 378-0983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)