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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000074779 (5)

1. Corporation Name

MID-FLORIDA FOOD STORES, INC.



Principal Place of Business

Mailing Address

4540 SOUTHSIDE BLVD.
SUITE 902-A
JACKSONVILLE FL 32216

4540 SOUTHSIDE BLVD.
SUITE 902-A
JACKSONVILLE FL 32216-5481

3. Date Incorporated or Qualified
09/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9551 Baymeadows Rd

26 9551 Baymeadows Rd

4. FEI Number
59-3397233

Applied For
Not Applicable

22 Suite # 5

27 Suite # 5

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

23 Jacksonville FL 32256

28 Jacksonville FL

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

24 32256

Country

29 32256

Country

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

HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD.
~~SUITE 902-A~~
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 302

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 through 607.0508, 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 of officer or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstalling)

4/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	HURST, CHRISTOPHER J	
STREET ADDRESS	4540 SOUTHSIDE BLVD., SUITE 902-A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	President & Director	☐ DELETE
NAME	William G. Schwind	
STREET ADDRESS	9551 Baymeadows Road, Ste #5	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Vice President & Director	☐ DELETE
NAME	David A. St. Clair	
STREET ADDRESS	9551 Baymeadows Road, Ste #5	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Sec/Treas & Director	☐ DELETE
NAME	Thomas C. Bergmann	
STREET ADDRESS	9551 Baymeadows Road, Ste #5	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Chairman & Director	☐ DELETE
NAME	E. Chester Stokes, Jr.	
STREET ADDRESS	9551 Baymeadows Road, Ste #5	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President & Director ☐ Change ☒ Addition
2.2 NAME	William G. Schwind
2.3 STREET ADDRESS	9551 Baymeadows Road, Suite #5
2.4 CITY-ST-ZIP	Jacksonville, FL 32256
3.1 TITLE	Vice President & Director ☐ Change ☒ Addition
3.2 NAME	David A. St. Clair
3.3 STREET ADDRESS	9551 Baymeadows Road, Suite #5
3.4 CITY-ST-ZIP	Jacksonville, FL 32256
4.1 TITLE	Sec/Treas & Director ☐ Change ☒ Addition
4.2 NAME	Thomas C. Bergmann
4.3 STREET ADDRESS	9551 Baymeadows Road, Suite #5
4.4 CITY-ST-ZIP	Jacksonville, FL 32256
5.1 TITLE	Chairman & Director ☐ Change ☒ Addition
5.2 NAME	E. Chester Stokes, Jr.
5.3 STREET ADDRESS	9551 Baymeadows Road, Suite #5
5.4 CITY-ST-ZIP	Jacksonville, FL 32256
6.1 TITLE	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 (904) 730-2660

Date

Daytime Phone

CR2E034 (9/96)