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**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000088280 (8)

R. W. A. GROCERS, INC.

**FILED** Apr 04 1997 8:00am Secretary of State



Proceed Place of Projects	Moiling Address	<u></u>			/ 60101 40104 (6110		, <b>60</b> 11 f <b>00</b> 1
Principal Place of Business  1 TAMPA CITY CENTER, SUITE 2600	Mailing Address  1 TAMPA CITY CENTER,	SUITE 2800					•
TAMPA FL 33602	TAMPA FL 33602-5815						
				3. Date incorporated or Qualified 10/23/1996	3a. Date of	Last Re	port
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
1	26 2343 W. Ba	, Īse	DRIVE SE	65-070234	<del>1</del> 5	Not	Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1		dditional
2	27		· . · · · · · · · · · · · · · · · · · ·	5. Germinate of Glatos Desired		Fee Rec	quired
City & State	City & State	- 11	1	6. Election Campaign Financing		5.00 i	
3	28 ST. PETERS F.		1 - C	Trust Fund Contribution		Added to	
Zip Country	2 2 2 33765	Count	NECTO?	8. This corporation has liability for in Florida Statutes	intangible tax u ] Yes 🏻 No		199.032,
4 25 9. Name and Address of Co	140	30 177	7000773	10. Name and Address of New Re			***************************************
RAINEY, R. MARSHALL		B1	1 Name				
1 TAMPA CITY CENTER, SUITE	9800				<del></del>		
TAMPA CITY CENTER, SOILE		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
IZMI A I L 9300E		8.	3				
		L		·	<del></del>	1	
		84	4 City		FL  85	i Zip C	ode
<ol> <li>Pursuant to the provisions of Sections 607 office or registered agent, or both, in the</li> </ol>	7.0502 and 607.1508, Florida Statul	tes, the abo	ve-named corp	poration submits this statement for the p	ourpose of char	nging its	s registered
office or registered agent, or both, in the lagent. I am familiar with, and accept the c	State of Florida, Such change was obligations of Section 607,0505, El	authorized b	by the corporati	ion's board of directors. I hereby accep	of the appointm	nent as r	registered
agent: Familian with, and accopt the	obligations of, occitor box loose, i i	onou orange	ÇW.				
OLONIA ZUROZ							
SIGNATURE Signature typodrox proced name of register	red agent and little it applicable. (NO	TE Registered A	gent signature requir	ed when reinstating)	DATE		
Signature hypotron printed name of register  12. OFFICE RS	S AND DIRECTORS	T£ Registered A	gent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE		
So, while typical or proceed name of any star 12. OFFICERS TIRLE PRESIDENT					ERS AND DIRE	ECTORS Change	
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Solvence types of proceed name of register  12. OFFICERS  TIRLE PROST DOVI  NAME WORK AG	S AND DIRECTORS  DELETE  SEPARATE  DELETE	13. 1.1 TITLE 1.2 NAME			ERS AND DIRE		
System types of proceed name of register  12. OFFICERS  TITLE PRESIDENT  NAME USYNEE AGE  2347 W. BAY  CITY-SI-ZIP ST. PETERSPELL	S AND DIRECTORS  DELETE  SE DRIVE SE  URG 17 33705	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	E ET ADDRESS ST-ZIP		ERS AND DIRE	Change	Addition
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