

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90044 048 \*\*\*150.00

DOCUMENT # P96000096582

1. Corporation Name

THE FRENCH GROCER, INC.

Principal Place of Business

~~C/O F&L CORP.~~  
~~200 LAURA ST.~~  
~~JACKSONVILLE FL 32202~~

Mailing Address

C/O F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8535 Baymeadows Rd. # 40  
Suite, Apt. #, etc.

22 Jacksonville, Florida  
City & State

23 32256 Duval  
Zip County

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3438240

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 owes the current year's tangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202

81 Name

Victor P. Jackson

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

8535 Baymeadows Rd. # 40

83

Jacksonville

84 City

FL

85 Zip Code  
32256

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 *Victor P. Jackson*  
Signature, typed or printed name of registered agent and title if applicable.

Victor P. Jackson

(NOT a Registered Agent signature required when reinstating)

DATE

3-19-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME DEROY, MICHEL  
STREET ADDRESS LA PIERRE, 1 ALLEE DU CEDRE  
CITY-ST-ZIP 37100 TOURS FRANCE

TITLE ☒ DELETE  
NAME DEROY, VIRGINIA E.  
STREET ADDRESS LA PIERRE, 1 ALLEE DU CEDRE  
CITY-ST-ZIP 37100 TOURS FR

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition  
1.2 NAME Deroy, Michel  
1.3 STREET ADDRESS La Pierre, 1 Allee Du Cedre  
1.4 CITY-ST-ZIP 37100 Tours France

2.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME Victor P. Jackson  
2.3 STREET ADDRESS 8535 Baymeadows Rd. # 40  
2.4 CITY-ST-ZIP Jacksonville, FL 32256

3.1 TITLE S/T/D ☐ Change ☒ Addition  
3.2 NAME W. Dale Fish  
3.3 STREET ADDRESS 8535 Baymeadows Rd. # 40  
3.4 CITY-ST-ZIP Jacksonville, Florida 32256

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered

SIGNATURE: *Victor P. Jackson* Victor P. Jackson, P/D

3/12/99

904/730-9322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)