

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90014 038 ***150.00

DOCUMENT # P96000104419

1. Corporation Name,
RENNY'S MARKET, INC.

Principal Place of Business
18 JEFFERSON CT S
ST PETERSBURG FL 33711

Mailing Address
18 JEFFERSON CT S
ST PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1997

4. FEI Number
APPLIED FOR 59-3415482

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 Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 670 CENTRAL AVE

Suite, Apt. #, etc.

22 City & State

23 ST PETERSBURG, FL

Zip Country

24 33701 25 PINELLAS

2a. Mailing Address

26 670 CENTRAL AVE

Suite, Apt. #, etc.

27 City & State

28 ST PETERSBURG, FL

Zip Country

29 33701 30 PINELLAS

9. Name and Address of Current Registered Agent

CHECHELE, T S
5625 CENTRAL AVE
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name JUAN A. BAEZ (JUAN A. BAEZ)
82 Street Address (P.O. Box Number is Not Acceptable)
4204 N. Marquette
83 Tampa, FL 33603
Bus: (813) 236-3119
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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PISANI, EDGAR G
STREET ADDRESS 18 JEFFERSON CT S
CITY-ST-ZIP ST PETERSBURG FL 33711-5119

TITLE VP
NAME CAMPUZANO, LUIS
STREET ADDRESS 8419 121ST AVE N.
CITY-ST-ZIP LARGO FL 33733

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-99 (727) 894-2344

Date

Daytime Phone #

CR2E034 (11/98)

0424960