May 07, 1999 8:00 am Secretary of State

05-07-1999 90070 021 ***150.00

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**

DOCUMENT # P97000035505

24

SONAL FOOD MART, INC.	
Principal Place of Business	Mailing Address
4703 22ND AVE S ST PETERSBURG FL 33710	4703 22ND AVE S ST PETERSBURG FL 33710
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

> Not Applicable \$8.75 Additional Fee Required

Applied For

\$5.00 May Be

Added to Fees

Trust Fund Contribution 8. This corporation owes the current year Intangible \square No

Name and Address of New Registered Agent

SONI, BHAVANA K 7156 -72ND ST. N.

PINELLAS PARK FL 33781

25

Country

9. Name and Address of Current Registered Agent

81	Name RICHARD J. VOGT
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

04/10/1997 4. FEI Number

65-0746105

5. Certifcate of Status Desired

6. Election Campaign Financing

Personal Property Tax.

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

Country

30

agent. I a	am familiar with, and	accept the obligations of, Section	•	11/20/09			
SIGNATURE	Signatule, typed or printer	name of highstored agent and title if applicable.	(NOTE: R	egistered Agent sign	nature required when reinstating)	4/30/99 DATE	
12.		DFFICERS AND DIRECTORS	/	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	=	DELETE	1.1 TITLE	D ,	Change	Additio
NAME	SON! BHAVAN	A K		1.2 NAME	RICHARD O. VOGT		

STREET ADDRESS	7156 72ND ST N	1.3 STREET ADDRESS	6731	74 1	wewe	NOS	7 4		
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	14.	PETER	s Rual	FL	33710		
TITLE	☐ DELETÉ	2.1 TITLE						☐ Change	☐ Addition
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS							j
CITY-ST-ZIP		2.4 CITY+ST-ZIP						<u></u>	
TITLE	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME		3.2 NAME	ļ						
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE						Change	☐ Addition
NAME		4. 2 NAME	ļ						
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME		5.2 NAME							i
STREET ADDRESS		5.3 STREET ADDRESS							

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 arn 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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

☐ Addition