3-12-98 B 3173 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROPIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066554 (1)

STOP AND SHOP OF LAKELAND, INC.

Principal Place of Business Mailing Address 1435 S. COMBEE RD. 1435 S. COMBEE RD. LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 2a. Mailing Address

FILED

Mar 12 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year intangible 24 Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 LAM, HONG F 1435 S. COMBEE RD. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 Zip Code 84 City 65 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 registored 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition TITLE 1.1 TITLE LAM, HONG F 1.2 NAME STREET ADDRESS 320 STERLING DR. 1.3 STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADORESS

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 of the receiver or plastee empowered to exocate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

64 CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

2/24/98