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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102930 (9)

FRENCHTOWN SUPERMARKET INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Busine		Moiling Addrson				: 40 114 0 8 0 80		
•	Mailing Address	\		İ				
1 446 WEST VIRGINIA STREET 446 WEST VIRGINIA TALLAHASSEE FL 32301 TALLAHASSEE FL 32								
THE HOUSE IS SECO!		INCLAIMSSEC PE BESUI			DO NOT WRITE IN THIS SPACE			
No.					 Date Incorporated or Qualified 12/08/1997 			
Principal Place of Business		28. Mailing Address 26			59-3481525		oplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Certificate of Status Desired Service Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	· +		
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the			
24	25	29	30		Personal Property Tax due June 30.		No	
- <u></u>	e and Address of Current	Hegistered Agent		11 Name	10. Name and Address of New Register	ed Agent		
DOBBINS, F				Name				
448 WEST VIRGINIA STREET TALLAHASSEE FL 32301			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)				
				3				
•			Ē	4 City		85 Zip	Code	
11. Pursuant to the prov	isions of Sections 607 0502	and 607,1508. Florida Sta	tules, the abr	l ove-named col	rporation submits this statement for the purpos		s registered	
office or registered :	agent, or both, in the State (with, and accept the obliga	of Florida, Such change wa	s authorized	by the corpora	ation's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE SIGNATURE THE	ed or printed name of registered agen	A) addressioners to obtain a	IOTE Booletwood A	loan signal ya rani	DAT	-		
12.	OFFICERS AND		13.	ngent arginatoro requ	ADDITIONS/CHANGES TO OFFICERS	-	RS IN 12	
TITLE DP		☐ DELETE	1.1 7(1)			Change	Addition	
NAME DOBB	INS, REBECCA J		1.2 NAV	E				
STREET ADDRESS 446 V	EST VIRGINIA STREET		1.3 STRI	ET ADDRESS				
CITY-ST-ZIP TALLA	HASSEE FL 32301		1.4 CiTY	- ST- ZIP				
TITLE		DELETE	2.1 TITL			Change	Addition	
NAME			2.2 NAM	E				
STREET ADDRESS			2 3 STRI	ET ADDRESS				
CITY-ST-ZIP			2 4 CIT	r-ST-ZIP				
TITLE		DELETE	31 TITL			☐ Change	Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRI	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL			∐ Change	Addition	
NAME			4. 2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				- ST- ZIP				
TITLE		☐ DELETE	5.1 TITL			Change	■ Addition	
NAME			5.2 NAM	- 1				
STREET ADDRESS				ET ADDRESS				
CITY-SI-ZIP		☐ DELETE		- ST - ZIP		Change	Addition	
TITLE	_	ן ווינגנונ	6.1 TITL			Change	וויייטא וב	
NAME	//		6.2 NAM					
STREET ADDRESS	//			ET ADDRESS				
GITY-ST-ZIP	the information emphasized with	h this filling does not qualify		-ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	information	
indicated on this and	nual report or ecoplemental	annua/report is true and a	ccurate and	that my signat	ure shall have the same legal effect as if made	under oath; tha	at I am an	
officer or director of Block 12 or Block 13	the como ration or the recei 3 if changed , or on an atlac	ver ov trustée empowered t hmony with an address.	to execute thi	s report as rec	quired by Chapter 607, Florida Statutes; and th	at my name ap	pears in	