FILE NOTE, FIEING FEE AFFEK MATERO TO FOUND

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033650 1. Corporation Name

ST. MARY FOOD STORE INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90111 040 ***150.00



Principal Place	of Business	Mailing Address		
13290 TAMIAMI TRAIL 13290 TAMIAMI TRAIL				·
INORTHPORT FL 34287 HNORTHPORT FL 34287				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
}				04/13/1998
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0834596 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired Security Securi
22		27		Fae Raquireo
City & State	•	City & State		8. Election Campaign Financing \$5.00 May Be
23			<u></u>	Trust Fund Contribution Added to Fees
Zip	Country	—— —— —— —— —— —— —— —— —— —— —— —— ——	Country	8. This corporation owes the current year intangible
24	25	29 30	_,	Turomai Troporty
	9. Name and Address of Current	Registered Agent	81 Nam	10. Name and Address of New Registered Agent
81				
	ATHILATE, MATHEW K		82 Stree	at Address (P.O. Box Number is Not Acceptable)
13280 TAMIAMI TRAIL				
HNU	RTHPORT FL 34287		B3	·
•			84 City	F) 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				
11. Pursuant to the provisions of Sections 607.0502, and 607.1508, Florida Statutes, in autorepart substantial and statement and 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 regulatered agent and title if approache. (NOTE: Regulatered Agent algorithms required when reinstating) DATE OC				
	Signature, typed or printed name of registered agent OFFICERS ANI		3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS ANI		1 TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P, VP, S, T MATHEW K MADATHILATE 13280 TAMIAMI TRAIL NORTHPORT EI 34287
	MADATHILATE, MATHEW K		2 NAME	TITLE SU CONDITULATE
NAME	13280 TAMIAMI TRAIL	· · · ·	3 STREET ADDRES	MATHEW K MADATHILATE
STREET ADDRESS	PINORTHPORT FL 34287		4 CITY-ST-ZIP	13280 TAMIAMI TRAIL NORTHPORT FI 34287
CITY-ST-ZIP	ANONITRONI FL 34201		1 MLE	Change Addition O
TITLE		_	2 NAME	
NAME			2 NOVIL 3 STREET ADDRES	
STREET ADORESS				* [
CITY-ST-ZIP			4 CITY-ST-ZIP_ 1 TITLE	Change - Addition -
TITLE	•		2 NAME	~ ' - 1
NAME				
STREET ADDRESS			3 STREET ADDRES	
CIY-SI-ZIP			4.CITY-ST-ZIP 1 TITLE	Change Addition
TITLE		_	2 NAME	
NAME			_	
STREET ADDRESS			3 STREET ADDRES	
CITY-ST-ZIP			4 CITY ST-ZIP	Change Addition
TILE		_	1 TITLE	
NAME			3 STREET ADORES	s
STREET ADDRESS			A CITY-ST-ZIP	~
CITY-ST-ZIP			STITLE	☐ Change ☐ Addition
TILE		C) Secure	2 NAME	
NAME		1 "	2 INVINC 3 STREET ADDRE	
STREET ADDRESS				~
CITY-ST-ZIP	all the state of t		4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14 I herebu (removited the intompation submilled wit	o rors linna aces not quality tof the 6	EJE NORUHDA	Of its advices I to a to Vill t to tide desirates. I the sot potent a set are a second and the s

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 catify 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.