

FILED

Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90111 040 \*\*\*150.00

PROFIT 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.

Principal Place of Business  
13280 TAMiami TRAIL  
NORTHPORT FL 34287

Mailing Address  
13280 TAMiami TRAIL  
NORTHPORT FL 34287

2. Principal Place of Business  
2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified  
04/13/1998

4. FEI Number  
65-0834596

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
MADATHILATE, MATHEW K  
13280 TAMiami TRAIL  
NORTHPORT FL 34287

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 D  
NAME MADATHILATE, MATHEW K  
STREET ADDRESS 13280 TAMiami TRAIL  
CITY-ST-ZIP NORTHPORT FL 34287

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, VP, S, T  
1.2 NAME MATHEW K MADATHILATE  
1.3 STREET ADDRESS 13280 TAMiami TRAIL  
1.4 CITY-ST-ZIP NORTHPORT FL 34287

SIGNATURE:

Matthew K. Madathilate

3/24/99 (941) 426-9451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)