904-703-0934

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

DEURETARY OF STATE

FISHON OF CORPORATIONS **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 SEP - 1 AM 8: 45 DOCUMENT #

1. Corporation Name P98000052373 "BLUE RIBBON FOOD STORE, INC. Klear-Vue Complete Cleaning and Maintenance Principal Place of Business Mailing Address 2072 PHOENIX AVE 2072 PHOENIX AVE JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1998 2. Principal Place of Business 2s. Mailing Address FEI Number Applied For P.O. Box 59-**3**517150 4427 Emerson Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Jacksonvil <u>Jacksonv</u> Trust Fund Contribution Added to Fees 8. This corporation owes the current year Country Yes 3224 25 Intangible Personal Property. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Accepte 13903 Mandows Caks BEAVOR, ALDON S 2072 PHOENIX AVE JACKSONVILLE FL 32206 Zip Code 84 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 lapsing with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE at syent and title If applicable (NOTE: Registered Agent signature required when reinstating) (2/38) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition TITLE DELETE 900002977539----09/02/99--01090--013 NAME BEAVOR, ALDON S 1.2 NAME 2072 PHOENIX AVE 1.3 STREET ADDRESS STREET ADDRESS ****150.00 JACKSONVILLE FL 32206 ****150.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE STD Change Addition NAME GINSBURG, ALLISON I 2.2 NAME STREET ADDRESS 2072 PHOENIX AVE 2.3 STREET ADDRESS JACKSONVILLE FL 32206 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE Change Addition DELETE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or the receiver or trustee approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the corporation of the corporation of the exemption of the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or the receiver or trustee approved to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or the receiver or trustee approved to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the cor

CITY-ST-ZIP

SIGNATURE:

To: Sean Toner

Division of Corporations Annual Report Filings

From: Aldon Sean Beavor

Blue Ribbon Food Store Inc.

Re: Filing of the corporation annual report

I just received in the mail my 2nd notice; however, I never received my 1st notice. After speaking with my accountant it was brought to my attention that I was definitely not the only one that this has happened to. It is hard enough to make it as a small business owner without having to deal with problems like this. Please except the \$150.00 enclosed as payment for my annual filing, it would be greatly appreciated.

Sincerely,

Aldon Sean Beavor