


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90046 013 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000064281</b>					
1. Corporation Name <b>VICKER'S MARKET, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 28</b> <b>KENANSVILLE FL 34739</b>			Mailing Address <b>POST OFFICE BOX 28</b> <b>KENANSVILLE FL 34739</b>		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		07/20/1998		59-3522990		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
22		27		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		8. This corporation owes the current year Intangible Personal Property Tax.		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Zip		Zip		Country		Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VICKERS, R. BRUCE				81 Name			
730 VICKERS ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
KENANSVILLE FL 34739				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 relocating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIVER, DINAH L			1.2 NAME			
STREET ADDRESS	POST OFFICE BOX 28 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	KENANSVILLE FL 34739			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VICKERS, CATHY ANN			2.2 NAME			
STREET ADDRESS	POST OFFICE BOX 42 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	KENANSVILLE FL 34739			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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.

SIGNATURE:

*Dinah Oliver*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1/10/99 Daytime Phone #: 47-436-1995

CR2E034 (1/198)