1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000065727

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90237 044 ***150.00

WALDO SUPERMARKET, INC.								
1								
Principal Plac	e of Business	Mailing Address				i de ini ae nii aa nia a niai) DANIA KOMIN SIA	401 EBBE 1 98 1
P.O. BOX 569 P.O. BOX 569					·			
LAWTEY FL 32058 LAWTEY FL 32058						 Poste in tillo of	340E	
						VRITE IN THIS SE	'ACE	
					 Date Incorporated or Qualif 07/24/1998 	eu		
O Dringing I D	Place of Rusiness	2a. Mailing Address			4. FEI Number		App	lied For
<u> </u>	Place of Business	├─ ┐			59-35294	12		Applicable
Suite, Apt.	# etc						\$8.75 Ac	
22	<i>n</i> , 0.03	27			5. Certifcate of Status Desired		Fee Req	
City & Stat	te	City & State			6. Election Campaign Financii	ng 🗆	\$5.00 A	/lay Be
23		28			Trust Fund Contribution	'' ^{'9}	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the o		jible	
24	25	29	30		Personal Property Tax.			ZNo
	9. Name and Addres	s of Current Registered Agent	-		10. Name and Address of Ne	w Registered Ag	<u>ent</u>	
L ENAZ	IAMS TOM		81	Name _	Tom Williams			
	LIAMS, TOM CORPORATE WAY		82	Street Add		eptable)		
	NGE PARK FL 32073			1409	Kingsley Ave, su.	ite/5		
UNA	INGE FARK FL 320/3		83					
			84	City	044.6		85 Zip Co	ode
				ORA	nge para	FL The purpose of the		273
11. Pursuant office or a	to the provisions of Sections are both, i	ons 607.0502 and 607.1508, Florida Statin the State of Florida. Such change was the colligations of Section 607.0505, F	utes, the above authorized by t	the corporati	ion's board of directors. I hereby ac	cept the appointm	ent as reg	istered
agent. I a	am familiar with, and action	the obligation of Section 607.0505, F	<u>tor</u> ida Statutes.		110-100	•		
SIGNATURE		f registered agent and title if applicable. (NC	TE: Registered Agent	signature require	ed when reinstating)	DATE		
12.		FICERS AND DIRECTORS	13.	. Digitalist to to quite	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOF	RS IN 12
TITLE	president.	☐ DELETE	1.1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	Gres griffis p.o. Bex 569		1.3 STREET	ADDRESS				}
CITY-ST-ZIP	LAWTER FL	3205 B	1.4 CITY-ST	-2iP				
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STREET ADDRESS	3							Addition
CITY-ST-ZIP			2.3 STREET	ADDRESS				Addition
TITLE			2.3 STREET 2.4 CITY-ST					
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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:

ED OR DEWITED NAME OF SIGNING OFFICER OR DIRECTOR