Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90010 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S35869

1. Corporation Name

SCOTT'S IGA FOODLINER, INC.

ş,							
Principal Place of Business Mailing Address							- [}BB {\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3067 MAIN ST.			PO BOX 589				
COTTONDALE FL 32431			COTTONDALE FL 32431				DO NOT WRITE IN THIS SPACE
US US							3. Date Incorporated or Qualifed
							03/06/1991
2 Data stand Di	ace of Business	72	. Mailing Address				4. FEI Number Applied For
	ace of business	26			-		59-3041086 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	S8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State		1	. City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip / Country			Zip Country				8. This corporation owes the current year Intangible
24 25 29			30	30			Personal Property Tax.
J. Maile and Address of Carrent Register Services						10. Name and Address of New Registered Agent	
CHIEF CHARLES OF SAID LE				181	81 Name		
SWEARINGEN, GLENDA F. 4431 LAFAYETTE ST				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)
MARIANNA FL 32446				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			**************************************		-4 -1		when reinstating) DATE
	Signature, typed or printed name of registered agent OFFICERS ANI			13.	nt signatur	a required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD	- DIKI	DELETE	1.1 TITLE		1	☐ Change ☐ Addition
NAME	JORDAN, DAVID SCOTT		_	1.2 NAME			
STREET ADDRESS	HIGHWAY 231 SOUTH			1.3 STREE	TADDRES	s	المعارض والمراز فيلين
CITY-ST-ZIP	COTTONDALE FL	-		1.4 CITY-5		1	
TITLE	STD		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	JORDAN, KATHRYN S.			2.2 NAME			
STREET ADDRESS			2.3 STREÆ	TADDRES	s		
CITY-ST-ZiP	COTTONDALE FL			2. 4 CITY-ST-ZIP		1	
TITLE			☐ DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	TADORES	s	
CITY+ST-ZIP				3.4. CITY-	ST-ZIP		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4.2 NAME	,		
STREET ADDRESS				4.3 STREE	T ADDRES	s	
CITY+ST-ZIP				4.4 CITY-5	ST-ZIP	+-	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE			
CITY-ST-ZIP			□ DELETE	5.4 CITY-5 6.1 TITLE	1-21		Change Addition
TITLE			☐ DELETE	6.2 NAME		}	
NAME				6.3 STREE		<u>.</u>	
STREET ADDRESS				6.4 CITY-5		<u> </u>	
CITY-ST-ZIP				0.4 0111.4			

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.

CITY-ST-ZIP