FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Merthem # **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S36768 (7) SUNSHINE FOOD STORE, INC. Mailing Address Principal Place of Business 2006 CURRY FORD ROAD 2006 CURRY FORD ROAD ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3052870 Not Applicable 21 Suite Apt #. etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. ☐ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 2006 CURRY FORD RD Street Address (P.O. Box Number is Not Acceptable) 62 ORLANDO FL 32806 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.05.02 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change noitibhA DELETE 1.1 TITLE TITLE VAN, BRIAN 1.2 NAME NAME 2006 CURRY FORD RD 1.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE DS 2.1 TOLE TITLE VAN. DAVID 2.2 NAME NAME 2006 CURRY FORD RD 2.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELFTE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DECETE Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

nged, er on an attachment with an address

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