

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

FILED

Feb 15, 1999 8:00am
Secretary of State

02-15-1999 90038 031 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S46926

1. Corporation Name

SHARPES DISCOUNT BEVERAGE & FOOD MART, INC.

Principal Place of Business

7031 MELALEUCA DR
COCOA FL 32927

Mailing Address

7031 MELALEUCA DR
COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1991

4. FEI Number

59-3061245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, RASHMI S.
7031 MELALEUCA DR
COCOA FL 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

D

☐ DELETE

NAME
PATEL, NITA R
STREET ADDRESS
23 E AVE B
CITY-ST-ZIP
MELBOURNE FL

13. TITLE

D

☐ DELETE

NAME
PATEL, RASHMI S
STREET ADDRESS
23 E AVE B
CITY-ST-ZIP
MELBOURNE FL

14. TITLE

D

☐ DELETE

NAME
PATEL, NITA R
STREET ADDRESS
23 E AVE B
CITY-ST-ZIP
MELBOURNE FL

15. TITLE

D

☐ DELETE

NAME
PATEL, RASHMI S
STREET ADDRESS
23 E AVE B
CITY-ST-ZIP
MELBOURNE FL

16. TITLE

D

☐ DELETE

NAME
PATEL, NITA R
STREET ADDRESS
23 E AVE B
CITY-ST-ZIP
MELBOURNE FL

17. TITLE

D

☐ DELETE

NAME
PATEL, RASHMI S
STREET ADDRESS
23 E AVE B
CITY-ST-ZIP
MELBOURNE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99

407-686-7237

CR2E034 (11/98)