FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S73011 (6)

1. Corporation Name

RAINBOW SUPERMARKET OF BRANFORD, INC.

Principal Place of Business	Mailing Address
999 SUWANNEE AVE BRANFORD, FL 32008-0999	P.O. BOX 999 BRANFORD, FL 32008-0999

2. Principal Place of Business	2a. Mailing Address
21 114 EAST PLANT ST.	26 114 EAST PLANT ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WINTER GARDEN, FL	28 City & State: WINTER GARDEN, FL
24 Zip: 34787 25 Country: USA	29 Zip: 34787 30 Country: USA

3. Date Incorporated or Qualified: 08/13/1991
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3078128 — 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRUETT, ROY W.
RT. 4, BOX 410
LAKE CITY, FL 32055

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1544 COLUSO DR.

83

84 City: WINTER GARDEN, FL 85 Zip Code: 34787

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable — (both the registered agent's signature is required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PRUETT, ROY W. 999 SUWANNEE AVE BRANFORD, FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 1544 COLUSO DR. WINTER GARDEN, FL 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PRUETT, BARBARA E. RT. 4 BOX 410 LAKE CITY FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 1544 COLUSO DR. WINTER GARDEN, FL 34787
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 400001808134 -05/06/96--01015--020 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 5/1/96 CR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Roy W. Pruett — ROY W. PRUETT — 4/27/96 — (407) 656-4710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #