

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 22 PH 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73491 (0)

1. Corporation Name

THE GOURMET'S PANTRY, INC.

Principal Place of Business

Mailing Address

4000-17 ST. JOHNS AVE.
JACKSONVILLE FL 32205
US

4000-17 ST. JOHNS AVE.
JACKSONVILLE FL 32205
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3083311

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

2. Principal Place of Business

2a. Mailing Address

21 4260 HERSCHEL ST

26 4260 HERSCHEL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Country

Zip

Country

24 32210

25 USA

29 32210

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDS, J. KEITH M.
1551 ATLANTIC BLVD.
SUITE 200
JACKSONVILLE FL 32207

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SANDS, SUSANNAH D.
STREET ADDRESS	4066 MCGIRTS BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T
NAME	SANDS, SUSANNAH D.
STREET ADDRESS	4066 MCGIRTS BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DVP
NAME	SANDS, KEITH M
STREET ADDRESS	4066 MCGIRTS BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

J. KEITH M. SANDS

3/13/95

(904) 399-0555

Date

Signature (Typed)