

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # V09083 (9)**

1. Corporation Name  
**NORTHSIDE GROCERY, INC.**

05 JUN - 1 04:12:02

Principal Place of Business  
**8215 NORTH FLORIDA AVENUE  
TAMPA FL 33604**

Mailing Address  
**P.O. BOX 9713  
TAMPA FL 33674  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 <b>8215 N. FIA. AVE</b>		<b>01/27/1992</b>	<b>05/01/1994</b>
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 <b>TAMPA, FL</b>		<b>59-3102903</b>	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33604</b>		<b>33604</b>	<b>Hillsborough</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CRAPARO, JACK J. 802 E. WATERS AVE. TAMPA FL 33604</b>				81 Name <b>Jean E. Demmel</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>8215 N. FIA. AVE.</b>	
				83	
				84 City <b>TAMPA</b>	85 Zip Code <b>FL 33604</b>

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: *Jean E. Demmel* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEMSEL, JEAN E</b>	12 NAME	<b>Donna B. Shippey</b>
STREET ADDRESS	<b>15224 POND WOODS DRIVE, WEST</b>	13 STREET ADDRESS	<b>1904 HUNTER LANE</b>
CITY ST ZIP	<b>TAMPA FL 33618</b>	14 CITY ST ZIP	<b>Brandon, FL 33510</b>
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAPARO, JACK J</b>	22 NAME	
STREET ADDRESS	<b>15224 POND WOODS DRIVE, WEST</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>TAMPA FL 33618</b>	24 CITY ST ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: *Jean E. Demmel* DATE: **5/23/95** **813-931-0198**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jean E. Demmel**

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1995



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DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
MAY 11 1995  
CLEARWATER, FL

DOCUMENT # **V09878** (2)

1. Corporation Name  
**COLLEGE LANDINGS, INC.**

Principal Place of Business Mailing Address  
**26133 U.S. HIGHWAY 19 NORTH SUITE 200 CLEARWATER FL 34623**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/21/1992</b>	3a. Date of Last Report <b>05/09/1994</b>
21		26		4. FEI Number <b>50-3119609</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BENWARE, RICHARD L.</b> <b>26133 U.S. HIGHWAY 19 NORTH SUITE 200 CLEARWATER FL 34623</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: same registered agent retained from last year DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENWARE, RICHARD L.</b>	1.2 NAME	
STREET ADDRESS	<b>26133 U.S. HIGHWAY 19 N.</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>CLEARWATER FL 34623</b>	1.4 CITY, ST, ZIP	
TITLE	<b>VAS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTE, ALAN H.</b>	2.2 NAME	
STREET ADDRESS	<b>13804 PUB PLACE</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>TAMPA FL 33624</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Secretary</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Stephany Whittler</b>
CITY, ST, ZIP		3.4 CITY, ST, ZIP	<b>26133 U.S. Hwy. 19 N. #200</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Clearwater, FL 34623</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(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, unchanged, or in an attachment with an address.

SIGNATURE: Richard L. Benware DATE: 5-1-95 813-725-3600

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ANNUAL REPORT  
1995



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

RECEIVED  
SECRETARY OF STATE  
MAY 1 1995

DOCUMENT # **V10794** (8)  
1. Corporation Name  
**DAVE 4-FLEX, INC.**

Principal Place of Business      Mailing Address  
**3300 SW 46TH AVENUE**      **3300 SW 46TH AVENUE**  
**SUITE 1**      **SUITE 1**  
**DAVE FL 33314**      **DAVE FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1992**      3a. Date of Last Report Applied For: **03/21/1994**  
4. FEI Number: **65-0311332**      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. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      30. Country

9. Name and Address of Current Registered Agent  
**LICA, GREGORY A**  
**3300 SW 46TH AVENUE**  
**SUITE 1**  
**DAVE FL 33314**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code **FL**

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)      Registered Agent (typed or printed name and title if applicable)      Title

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>
NAME	<b>LICA, GREG</b>
STREET ADDRESS	<b>704 SE 9TH ST</b>
CITY ST ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VS</b>
NAME	<b>LICA, MIKE</b>
STREET ADDRESS	<b>680 ELDORADO PKWY</b>
CITY ST ZIP	<b>PLANTATION FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 partner 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 change has been made in attachment with an address.

SIGNATURE: **GREG LICA**      5/31/95      305/504-2157  
Signature (typed or printed name of signing officer or director)