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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V23613

(5)

1. Corporation Name

MT. PLYMOUTH GROCERY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 717
31431 ST. ANDREWS BLVD.
SORRENTO FL 32776-0717
US

P.O. BOX 717
31431 ST. ANDREWS BLVD
SORRENTO FL 32776-9012
US

3. Date Incorporated or Qualified

03/23/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3115570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

SCOTT, TERRY R.
P.O. BOX 988
25548 PINE VALLEY DRIVE
SORRENTO FL 32776

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SCOTT, TERRY R.
STREET ADDRESS 25548 PINE VALLEY DR.
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☐ DELETE

NAME SCOTT, PATRICIA A.
STREET ADDRESS 25548 PINE VALLEY DR.
CITY-ST-ZIP SORRENTO FL 32776

TITLE VP ☐ DELETE

NAME THOMAS A. LANNERT
STREET ADDRESS 25725 GLENOLA
CITY-ST-ZIP SORRENTO FL 32776

TITLE VP ☐ DELETE

NAME TIMOTHY R. SCOTT
STREET ADDRESS 890 PEARL DR
CITY-ST-ZIP MT DORA FL 32757

TITLE VP ☒ DELETE

NAME LANNERT, THEODORE L
STREET ADDRESS 31432 DEAL DR
CITY-ST-ZIP SORRENTO FL 32773

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

14. I do hereby 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 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

TERRY R. SCOTT 4/19/97 352-383-5001

CR2E034 (9/96)