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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V23613

(5)

MT. PLYMOUTH GROCERY, INC.

FILED Mar 18 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address			. sater atiain uran and brint tidas riet Artift Gafte Albit Gifte Affer Affer Affer Affer Affer		
P.O. BOX 717 31431 ST. ANDREWS BLVD. SORRENTO FL 32778-0717 US			P.O. BOX 717 31431 ST. ANDREWS BLVD SORRENTO FL 32776-0717 US			DO NOT WRITE IN THIS SPACE 8. Date Incorporated or Qualified		
_	5	7,5	1-2 (1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			03/23/1992	_	
	2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	_	
21			26			59-3115570 Not Applicab	·le	
22	City & State		Suite, Apt #, etc. 27 City & State			5. Certificate of Status Desired See Required 6. Election Campaign Financing Source Added to Fees Trust Fund Contribution Added to Fees		
23								
24	Z ip	Country 71p C		Count	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No			
		Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent		
	SCOTT.	TERRY R.		8	1 Name	16		
P.O. BOX 988 25548 PINE VALLEY DRIVE SORRENTO FL 32778					Stree	ddress (P.O. Box Number is Not Acceptable)		
				8	3			
				8	6 City	FL 85 Zip Code		
11	 Pursuant to the office or regist agent. I am fa 	e provisions of Sections 607.0 ered agent, or both, in the Sta miliar with, and accept the obt	502 and 607.1508. Florida Stat ite of Florida. Such change wa ligations of, Section 607.0505,	lutes, the abo s authorized t Florida Statut	ve-name by the co es.	ed corporation submits this statement for the purpose of changing its registere corporation's board of directors. I hereby accept the appointment as registered	a	
SI	GNATURE Signa	lure. typed or printed name of registered in		O1F Registered A	geni signatu	lure required when reinstating) DATE	-	
12		OFFICERS A	IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIT	TLE : D		DELETE	1.1 TITLE		Change Addition	on	
NA	ME 📑 📑 🐯	COTT, TERRY R.		1.2 NAMI	:			
STI	REET ADDRESS 2	5548 PINE VALLEY DR.		1.3 STRE	ET ADDRESS	s		
617	V CT 700	ADDENTA EL 32778		14000	er no			

DELETE Change Addition TITLE 2.1 TITLE **8COTT, PATRICIA A.** 2.2 NAME HALLE STREET ACCIDES **25548 PINE VALLEY DR.** 2.3 STREET ADDRESS **SORRENTO FL 32776** CITY-ST-ZP 2. 4 CITY-ST-ZIP DELETE Change Addition THOMAS A. LANNERT 3.2 NAME NAME 25725 GLENOLA STREET ADDRESS 3.3 STREET ADDRESS SORRENTO FL 32776 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 THLE TIMOTHY R. SCOTT NAME 4. 2 NAME 890 PEARL DR 4.3 STREET ADDRESS STREET ADDRESS MT DORA FL 32757 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change __ Addition TITLE 5.1 TITLE

14. I 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 roport 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 13 if changed, or on an attactment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: Town

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Terry R Scott

3/12/98

(352) 383-5001

Change

___ Addition